THE CHIRONIAN.

VOL. XXVII FEBRUARY, 1911. No. 8.

ADDRESS OF THE RETIRING PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, JANUARY, 1911.

William Francis Honan, M. D.

FELLOW MEMBERS:

The founders of our County Society wrote well and wisely when they framed the constitution which accords to us the right to exist as a medical body, to perform such acts and to be governed by such rules as are customary in the conduct of scientific organizations.

The special feature which I have interpreted for myself, if it does not exist in the letter, certainly it does in the spirit of the law, is that it provides an easy and safe refuge for its ex-presidents, allowing a gradual return to the ranks of the private without the abruptness so characteristic of public political life.

I refer to the Board of Censors, apparently a most respectable and useful body, a kind of cabinet, which quite in secret discusses the intimate affairs of the Society and its members, knows all the secret workings and is quite familiar with the extent of the delinquencies of the members as to dues.

It also knows the programme far in advance, and, at least during my tenure of office, at its regular meeting enjoys to the full content of its members the current gossip and best stories of the month.

Our illustrious forefathers in their day and generation never dreamed that their country would yearn with a longing akin to pain for a safe and secluded retreat for a chief executive who had finished his term and had acquired the talk habit.

When the nomination as a candidate for the office of president was tendered me I felt that there were so many others who, by excellent work and unflagging interest in the affairs of the Society, had infinitely greater claims upon your consideration, but I promised myself if elected to do my utmost to continue the high standards which characterized the work of the Society under the guidance of my predecessors.

The year is now past, and whatever measure of success you consider has been obtained has been due: First. To the most excellent and indefatigable work of the various committees which have at times been lavish with material provided for consideration. Secondly. To the ready and cordial response by our confreres from a distance to our invitation to appear before you with their contributions. Thirdly. Most important of all the individual interest of the members, who have exhibited both patience and enthusiasm at the right times, and, by a splendid high average of attendance, shown us the most gratifying feature of the past year.

This has led to the pleasant assertion that we have had a live Society. To the officers of the Society and to you, its members, who have made my task so pleasant and easy, allow me to express a sense of appreciation and deep obligation. During the year several questions of paramount importance to our school presented themselves for deliberation and decision; chief among these was a proposed legislation for the purpose of creating a National Department of Health, with a representative in the cabinet.

This department contemplated a very extensive field of activity, which would be a court of last resort in instances which would mean the disappearance of conditions and affairs that are almost institutions in our daily life. The avowed object of this bill was that the Department of Health should supervise all matters within control of the Federal Government relating to Public Health and to diseases of animal life. Further sections of this bill dealt with the unification under a section of Public Health of the various agencies now existing which affect the Medical, Surgical, Biological or Sanitary service; notwithstanding the violent opposition of the National League of Medical Freedom, the patent medicine interest and drug manufacturers, the eclectic school and some homœopathic organizations, who feared the creation of a Medical Trust or Octopus which would feed upon and finally destroy its weaker rivals, this Society almost unanimously advocated the passage of the measure.

I had used my own personal influence with my friends to urge the approval of a movement which meant pure food, pure medicine, control of plagues and epidemics, the education of the public in matters of Hygiene and the advancement of Medical Science by weeding out the imposters and charlatans in its ranks.

It seemed to me that no matter what ulterior motive was con-

cealed in this apparent lofty concept of medical guardianship, or whatsoever sinister purpose would be the final designs of those who had acquired power and control by pleading and uplifting an altruistic cause, it was certainly the clear duty of this Society to credit the movement with its avowed purpose of good intent.

The other way was to ally ourselves on the side of hostility to the measure, which feeling was either engendered by fear or the advancement of selfish private ends.

Let us stand for the advancement of the science and art of medicine in its broadest sense; for the emancipation of the people from ignorance, false traditions, dishonest practices and practitioners; for the downfall and complete obliteration of those cults which, under the guise of religion or higher thought, cannot stand the searching eye of proper scientific investigation, and which neither by theory or fact have a legitimate right to existence, but, like many heresies, have enough truth to interest and impress the gullible.

If, upon the application of the unit of fitness the homœopathic school, with its history of glorious service in the past, its emancipation of the world from reckless and unscientific therapeutics, today the custodian of the wonderful laws of drug action which foreshadow and make possible the therapeutic advance of tomorrow; if, with its magnificent heritages and possibilities for the future, with the great public for jury, it should be found wanting, then say I let the car of some opposed Juggernaut roll over our prostrate, defeated, humiliated profession, crushing the life from our puny medical bodies forever.

Perish the thought! There is no fear, if even we are only a small obstructive minority in the large field of medical legislation. You will remember a few years ago that by a decision of Mr. Justice Clarke, of this city, the Osteopaths were practically rendered outlaws, they pursued their calling at their own peril, they could not submit a death certificate and they were denied the privilege of collecting fees by a process of law, and had absolutely no legal status in the community. The Old School was interested in passing a single Board of Medical Examiners instead of the tri-headed body which contained representatives of the three principal schools of medicine in this State, There were just 300 Osteopaths in the state of New York, less than the number of active members of this

Society, but vigorously did they organize their campaign, for it was a vital issue, it meant defeat and dissolution of their school, the withdrawal of the right to practice, hence their endeavor. They engaged as counsel the most eloquent and capable man at that moment in the public eye, Martin W. Littleton. The old school was fairly represented by their prominent members and the attorney of their Society, supposedly an expert in Medical Jurisprudence. The Homœopaths in comparison, a thin line full of fervor and fight but lacking general support either from our clientele or profession. We were represented before the Senatorial Committee by some fervent but inexperienced advocates called from our own Legislation Committee.

The result you all know. Leonidas Littleton and his 300 Spartans turned what seemed surely a Thermopylae into a glorious victory.

The Chairman of the Senate Committee remarked to me in conversation between sessions: "The people want these Osteopaths; I receive about a peck of letters every morning urging this committee to give them recognition, and I must hearken to the vox populi."

This state of affairs in some quarters was considered due to treachery on the part of the old school, which had made a deal with the Osteopaths to gain their own single Board of Examiners, but the facts as they appeared to me were that their thorough organization and aggressive methods won their day. I merely introduce this incident for the purpose of demonstrating that a sect or a school of medicine, even though much in minority, can accomplish wonders if in the minds and hearts of its adherents there is determination and party virtue.

The Carnegie Foundation undertook to examine into the medical schools of the country with a view of ascertaining their fitness for imparting medical knowledge and creating physicians, the basis of that observation being largely determined by extent of the opportunities for laboratory, dissecting room and hospital work. In other words, the institutions were, if you please, at least for the sake of argument, measured by a pathological foot rule, it being probably the education and opinion of a man like Mr. Flexner, with a distinguished brother in the profession, that a medical man's fitness for practice of his profession would depend upon his knowledge

of pathology, since Flexner and his family would probably belong to that class of therapeutic doubters which goes to make up the large element of practitioners and sympathizers in the old school. Since his report has been studied, the feeling in our school is that he has not taken many things into account and that his criticisms have been at times severe. It would be well to take, as has been indicated above, his viewpoint concerning standards.

I think I can ask you with a certain degree of fairness, to assume with me that the reported results of treatment and cures that reach the public through various channels do not represent the individual or collective scientific attainments of the adherents of any group of individuals constituting any sect of medicine or cult practicing the healing art.

The Christian Scientists, the Emmanuel Movement, the Psycho-Therapists, the Eclectics, Allopaths and Homœopaths all hold clinics, all report cures, and *mirabile dictu* they all get results. The X Scientist impresses upon the patient the fact that to be helped he must ask for help and incline his mind to the belief that a cure is forthcoming and can only fail if the subject be not willing or ready to accept the light and the help.

Further, that God is superlatively good, superlatively just and His love for humanity infinite, and that He could never create sin, sorrow or disease; these are Frankensteins of our own imaginations, phantasmagoria of a disordered mind, since these things have no material existence. The rest, except in organic disease, is easy, mental suggestion and hypnotism. The career of the founder and the imprint of her schism upon the times belongs rather to a mediæval age than to this enlightened and progressive twentieth century. It is estimated that her followers number over two millions, owning vast and valuable church properties, to say nothing of a very profitable publishing business which is a most valuable asset. On the occasion of her death the press from ocean to ocean was compelled to pay tribute to her memory, some saying that the final analysis would place her name with the great philosophers and logicians of the past.

The pulpit for the most part paid her ample tribute, and one prominent divine in this city said her name would be linked with that of Jesus Christ. She certainly created the most wonderful organization the world has ever seen, which made her absolute in

her sway over her followers during life, and provided that she should have no successor after death.

So far as the Emmanuel Movement is concerned, its chief advocate, Ellwood Worcester, is a man deeply learned in the best and latest technique of modern psycho-therapy, which he acquired, I understand, from German sources, and was led to the employment of these principles by his own observations that Medical Science was failing to cure some very severe and annoying conditions which he knew would respond to even amateur mental therapeutics.

These are the conditions which are flourishing to the detriment of the medical profession; here are the leaks; these things are sapping our life's blood and leaving the unfortunate, the paupers and the ingrates in large numbers as our portion, while many of the best and well to do in every community are dispensing with medical care to such a degree as to cause an alarming decrease in the average physician's income. With the energy of the medical profession bent upon preventive medicine, hygiene, isolation of plagues and epidemics and the inroads of the quasi healing movements, in New York City alone I would say that never in the history of this Society did medicine as a profession offer so little return, in proportion to the cost of living, as it does in the present day.

A few weeks ago the Medical Record published a strong editorial on "The Vanishing Income of the Medical Profession," which gave a most pessimistic outlook for the future. My object in presenting the above is to show that the index of difference between scientifically educated physicians and ultra healers is not in respect to cures—they all obtain cures as a matter of fact, but in their knowledge of disease as represented broadly by pathology. I would include in that, of course, diagnosis, the proper study of mankind, and when an individual who proposes to treat a patient can show that he fully appreciates the pathological processes involved in the disease as interpreted by the best observers of the day I can assure you that the treatment selected by that practitioner, be he Allopath, Homœopath, Osteopath, X Science or Worcesterite, will probably be not far wrong. In other words, educate your physician to know disease and he will find out how to treat it. The day has come when that measure must apply to us notwithstanding our predecessors laid but little stress upon it, so interested were they in the proper remedy. But Freligh, John F. Gray, Belcher, Marcy and

White down to Guernsey, Allen and Wetmore, were old school graduates; they knew all of pathology, all of the diagnosis and crude drug action of their allopathic contemporaries, and when they added to that a knowledge of the law of Hahnemann they went forth so completely equipped to treat the sick that it is but small wonder that they easily out-distanced their rivals and blazed the way for our coming.

Upon invitation, I, with two others, attended a Christian Science meeting in this city a short time ago. The public had been cordially invited, there was no charge for admission, and it could not be said that the estimated audience of a thousand persons could all be practical adherents to that belief. After a few preliminary remarks by some officer of the local organization, the speaker of the evening was introduced as belonging to the staff of lecturers, exhorters more properly, from the Mother Church in Boston.

Almost at the very outset he asked that all of those within the sound of his voice who had been cured of sin, sorrow and disease would rise and stand. It seemed that almost the entire audience, except my own party, had received some decided benefit, if standing were an evidence. It was a regrettable fact that he did not ask for those who had been cured of sin, sorrow and disease to stand separately, but differential diagnosis is certainly a non-essential in Christian Science teaching and practice. The address which followed was very faulty and exceedingly amateurish in science, which could have easily been demolished even accepting his own premises. I cannot qualify as a religious expert, but would chance the opinion that it was exceedingly lame from the ordinary accepted standards of theology.

The practical fact worthy of observation was that he was speaking to an audience of nearly a thousand persons, apparently earnest and intelligent, who should, from their evident stations in life, be good patrons for a church or desirable members of any physician's clientele. It is absurd to call the movement foolish; we must consider the situation as it really exists. Mrs. Eddy has done a wonderful work to the almost lasting damage inflicted upon our medical profession. Greatakes, in the time of Charles II., of England, believed that as the touch of royalty cured so-called scrofula, so he by the grace of God possessed the power of healing. By prayers, laying on of hands, stroking, etc., he, too, made a wonderful reputa-

tion, which produced a great sensation in his time. In the beginning he would not accept fees but only doing the Master's will. Later he was accused of various corrupt practices, least of all being the accepting of emoluments of money. He, however, was not a business person and lacked an efficient modern organization.

Eventually the schools of medicine, now distinct and separate organizations, which stand for all that is scientific, and have a belief in the mission of true philanthropy and uplift for the human race as evidenced by the past, must have some form of unification in belief and practice.

This is an age of therapeutic distrust and disillusion; medicine as a science. has lost its authority, and even now is being held up to ridicule and condemnation by an act of one of its alleged members.

I refer particularly to "Medical Chaos and Crime" recently published by Norman Barnesby, M. D. This amazing contribution purports to be an inquiry into the widespread demoralization of the medical profession, a warning to the victimized public and an earnest plea for immediate and drastic reform. The formidable array of testimony (?) which he presents he hopes will convince the reader, lay or medical, that a terrible problem confronts the nation which means wanton destruction of health and happiness, and such an appalling loss of human life that one recoils in horror from the spectacle.

Should one confine his reading to the sensational yellow press alone, one might in time believe that this wonderful clean, honest and charitable metropolis of ours, the awe and envy of the nations of the world, were a Sodom and Gomorrah ten times over, so this attempt to befoul and besmirch a noble profession will be fruitless in the end. He fears that his work may so disgust the public so as to cause a slump to "the cults and isms" so popular now, but has an abiding faith in those honest physicians who, living up to high ideals and traditions, constituting the "honorable minority," might drag the profession from an almost hopeless quagmire of crime and desolation.

The principles of Hahnemann have been a safeguard for the past, and their early inspiration gave our school such a lead in the scientific treatment of disease that all new discoveries in the therapeutics should have the result of homœopathic investigation. The experi-

mental therapy of to-day which brings something of infinite value to the human race to-morrow would probably not be possible without the work of Hahnemann and his disciples, who have passed along.

The time has come when we can no longer hesitate; either we must ourselves evolute and further develop along the line of scientific advance or we must turn over to those who crave the knowledge and the light, the principle which in the past their prejudice prevented them from acquiring. They may bring a hope and an enthusiasm in the developing of our inheritance which we have accepted as a matter of course. We may not stand still, for the world moves and nations and peoples, like the great sweeping tides of air and ocean, ever and anon must move their ceaseless way.

The knowledge of things is all on earth, and he who attunes his life and soul may hear the innermost of nature's secrets and the voice will cease only when he is unprepared to hear it. Men who make things, who in humility and love create things for mankind's use, they that still the pain and lift the sad and sorrowing soul to hope and better light, they are indeed the prophets of God himself.

INAUGURAL ADDRESS OF THE PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.*

By J. Perry Seward, A. B., M. D.

With the eloquent plea for loyalty to Homœopathy of our former president ringing in our ears; with the stirring address of Field Secretary Arndt, of the Institute, fresh in our memory; while we still feel the sting of the challenge of the West coast as voiced by Walter Nichols—the duty of the Society for the next few months is not far to seek. I need not dwell upon the importance to us of a widening recognition of the truth of the homœopathic law. We can take for granted the fact that now is the time when the public is being prepared to accept the Law of Similars and the power of infinitesimals as a result of the scientific labors of medical men the world over. The importance of a national body of imposing dimensions with authority to voice our sentiments and defend our rights is undoubted. The American Institute of Homœopathy is that body. Its strength, its authority, its dignity touch closely each member of this Society. The promotion of its welfare is our duty.

*January, 1911.

At recent meetings in the more or less distant West the Institute has been attended by small representations from the Eastern States. Last year vigorous efforts by the Californians brought into the Institute membership the bulk of the homœopathic physicians of the Pacific Coast. A splendid meeting of rousing enthusiasm was held. Our delegates have not yet ceased telling of the impression produced.

Now it is our turn. The Institute meets this year in our immediate neighborhood, at Narragansett Pier. The profession in the New England and Middle Atlantic States must bear the brunt of the responsibility. We cannot let the meeting fall below the standard set last year. We must take up Walter Nichols' challenge and make good.

Our first duty is to work for a splendid increase in membership. Of the 250 members in round numbers of this Society, only 150 are Institute members. Of the 1,200 homœopathic physicians of the state, only 370 are members of the Institute. We should enlist every member of this organization and many from our neighboring towns. Your Executive Committee suggests that a good working committee be appointed to conduct an energetic canvass of the available field, with instructions not to take no for an answer.

Moreover, our city is in the direct line to the Pier from the West and South. The great majority of the visitors to the meeting at Narragansett will pass through New York. Plans for the entertainment of these travelers should be carefully considered and all in our power done.

And then we should labor to get a grand delegation from our membership to attend the meeting. Our dues are a help, but our individual presence is still more important. I am suggesting no sacrifice, but a splendid time and a glorious inspiration that will last each attendant at the meeting throughout the next year's work.

Another motive which may well impel us to vigorous action in this direction is the welfare of our local colleges. Strong support of the Institute both by our presence at the meeting and representation in the membership will give our institutions prestige among the homœopaths of the entire country. The County Society may well labor shoulder to shoulder with the officers of the colleges in their behalf.

But where does the County Society come in in all this labor for

the Institute? Can we imagine an active campaign such as has been outlined that will not result favorably to our own membership and our *esprit du corps?* There are 100 homœopathic physicians in Manhattan and the Bronx that are not members of this Society. They should not be neglected in the canvass proposed, and most of them should rally to our colors as well as. join the Institute The officers of this administration will work earnestly to obtain results in this spring campaign for Homœopathy. They beg the support and assistance of the rank and file of the Society, from which many workers will be enlisted. The president will be glad to receive volunteer offers for this work. Those who fail to volunteer stand a good chance of being drafted.

But in the prosecution of this enterprise the regular work of the Society will not be neglected. The administration takes pleasure in announcing the list of committees for the year, copies of which have been distributed. A copy will be mailed each member for insertion in the Red Book. It is our hope to present one exhaustive paper at each meeting, and two other short practical papers. Complete discussions will be favored, but the presiding officer craves the support of the members in his effort to keep the discussions from losing interest by rigid enforcement of the customary time limit of debate—ten minutes for prepared and five minutes for informal remarks.

Fully appreciative of the honor conferred, your presiding officer is still more impressed by a deep sense of the responsibility imposed. He begs your indulgence for his efforts and your hearty co-operation.

COMMENT AND CRITICISM ON "AUTOGENOUS VIRUS IN THE TREATMENT OF SEPSIS."

By Stuart Close, M. D., Professor of Homœopathic Philosophy.

In the November number of the CHIRONIAN appears an article by Dr. Charles H. Duncan, entitled "Autogenous Virus in the Treatment of Sepsis." Following the paper is printed the discussion which followed the reading of the paper before the Homœopathic Medical Society of the County of New York, on October 13, 1910.

The publication of this paper and discussion under such auspices seems to mark the culmination, or the beginning, of an era in the

medical history of the New York wing of the homœopathic medical school.

As such it demands notice, especially as criticism, and severe criticism, is expressly invited and urged by Professor Laidlaw, the leader of the discussion, who stands sponsor for both the paper and the method, which are avowedly an outgrowth of his own practice. The discussion, which was more or less sympathetic, and only mildly deprecatory, was rather racy, as a whole, and in parts flippant. As might be expected, the discussion, being presumably extemporaneous, except on the part of the leader, did not penetrate very deeply into the subject.

The paper advocates the treatment of all bacterial diseases by the administration, by the mouth, of material doses (one to ten drops) of the fresh unmodified pus, excretion, discharge or effluvium of the patient himself. "It is the live bacteria we want," says the author. For this treatment cures are claimed, and illustrative cases are presented.

The method is claimed to be homœopathic, and the author thinks that "we have at last found a plane on which the homœopathic school of medicine and the old school of medicine may meet on a common level."

After describing his own experiments in the body of the paper, and pointing out their relation to Wright's opsonic vaccine therapy (upon which he modestly claims not only an improvement, but absolute perfection of method), with sidelines extending to all forms of serum and vaccine therapy, the author makes this categorical statement: "That is all Homœopathy, Homœopathy in every detail, as pertains to our nosodes."

Professor Laidlaw, after "thinking about it," had come to the conclusion that this new mode of treatment "was the logical conclusion of bacteriology applied to therapeutics." It is also, he announced, "the logical conclusion of the work of Hahnemann (!) and of Pasteur and Koch and Wright with his vaccines."

To these conclusions the CHRONIAN, the official organ of the college, gives the quasi endorsement of publication, and an editorial note commending the paper to the attention of the profession, and characterizing it as "extremely interesting," and likely to "prove far-reaching in its effects."

The ancient and periodically recurring subject of isopathy and its

relation to Homœopathy, over which our predecessors have so often clashed, is thus brought once more to the front.

Isopathy has ever striven to fasten itself upon the fair body of Homœopathy, like the vampire which fastens itself upon men while they sleep and sucks their life blood.

Is Homœopathy in New York asleep?

Isopathy, or "isotherapy" in the terminology of the day, is the method which uses the morbid product of diseases for the treatment of the *disease* which produced it. To be strictly logical the term should be restricted to the use of the product of the disease to treat the individual or identical person from whom it was taken. In this Dr. Duncan is logical. But custom sanctions the use of the term to describe the treatment of diseases instead of individuals by their own morbid products.

Isopathy had its origin in observation of the habits of animals. Its original method was to literally copy the act observed in the animals. The shibboleth of isopathy is "imitation of nature in the treatment of disease."

The "new treatment" set forth in the paper under discussion is isopathy in all its nastiness and beastiality; literally, the medicine of the beasts, of the dog which licks its sores and swallows its vomit, of the cow which swallows its own placenta, and the hog which devours its own fæces.

Far be it from us to ridicule the poor beasts, who are only obeying an instinct of their nature, presumably in some way for their own good. But shall man degrade himself to the level of the beast and prostitute his divine indwelling reason by imitating their acts?

The method set forth by Dr. Duncan, of which he claims to be the orginator, is simply a return to the original and primitive form as practiced by animals. This treatment may be, and probably is, as Professor Laidlaw says, "the logical conclusion of bacteriology applied to therapeutics" (Dr. Laidlaw is a high authority on bacteriological therapeutics), but it is certainly the logical conclusion of isopathy.

First we have the cases mentioned in the body of the paper—septicæmia, acne vulgaris and carbuncle—all treated by doses of their own raw pus, given by the mouth. "Do not be afraid, give it, give it in big doses and you will certainly get results," is the author's injunction. To these were added in the discussion gonorrhœal

arthritis and gout (by Dr. Dieffenbach). These cases, taken with the general declaration that this is the proper mode of treatment for all bacterial diseases, opens to view the field of application of this "new method." We think instantly of treating our gonorrhœal patients by drop doses of their own discharge, given by the mouth. Then syphilitics, with doses of pus from their own chancres, buboes or ulcers, by the mouth. The righteous may now take a holy joy in seeing something like exact and ample justice done at last to these gay and festive pests of society. Imagine the exquisite mental and æsthetic tortures of some "gay Lothario" as he is thus compelled to "take his own medicine" literally.

It is moreover, according to Dr. Duncan, an entirely new way for the poor man "to make both ends meat," as the butcher said when he dined on oxtail soup and beef tongue, for he points out that it is "the simplest and cheapest way" to treat these diseases, and makes it entirely unnecessary for the patient to go to the expense and trouble of calling in a physician.

Dr. Laidlaw pointed out that it "eliminates also the bacteriologist with his incubators, culture tubes and hypodermic syringes." We pause to ask where will this process of elimination end?" Will it be a case of "Kilkenny cats?"

The old story runs that two cats of Kilkenny were tied together by their tails one night and hung over the clothes line to fight it out. In the morning all that was found were the tips of their tails and the string with which they had been tied. They had mutually disappeared down each other's throats.

If all the bacteriological doctors and all the venereal patients were tied together by their tails and hung over the clothes line what would happen?

Then there are the cases of diarrhœa and dysentery to be treated by doses of their own fæces—by the mouth; and all the coughs and catarrhal diseases, and consumptives, too, to be treated by doses of their own sputum, swallowed again!

We wonder why all "lungers" do not get well, for all swallow more or less of their own sputum. It did not occur to the eminent leader of the discussion to avail himself of this magnificent opening, to claim that *all spontaneous recoveries from consumption, pneumonia, etc., are due to the sputum they swallow!*

Professor Laidlaw opened the way to such a claim when he cited

the case from nature of the dog that licks his sore and so gives himself a dose of autogenous pus, instead of doing so for toilet purposes as we have always supposed.

He might also have cited the instance of the parturient cow, which eats her own placenta and membranes, doubtless for a similar purpose, and could have suggested or deduced therefrom the desirability of so treating our parturient human patients! Dr. Laidlaw referred to the ancient and popular belief that "every disease carries with it its own remedy." Perhaps the remedy which this new and conceivably fatal disease of the New York homœopathic body politic carries within itself, is this very nastiness which even Dr. Laidlaw deplores.

Brought, in their rapid descent, to the shores of this Stygian lake—

> "O'er whose unhappy waters, void of light,
> No bird presumes to steer his airy flight;
> Such deadly stenches from the depths arise,
> And steaming sulphur that infects the skies,"—(*Virgil.*)

Some may turn, before it is too late, and retrace their steps into the pure air and sunshine of Homœopathy.

Even Professor Laidlaw, who is sponsor for this new treatment, and gives it the endoresement of his high official position, hesitated a moment upon the brink, before he took the fatal plunge. He "would not care to take a drop of his own pus"—even on a lump of sugar—but thought it "well worth trying in severe cases" on some other fellow, of course.

Passing from comment to criticism we note that the two principal claims presented for acceptance by the profession in this paper and discussion are: First, that the cases presented in verification of the truth of the new mode of treatment are *cures.* Second, that these cures are homœopathic cures, and that they represent a new and logical application of Homœopathy; in the exact phraseology of the paper, "this is all Homœopathy, Homœopathy in every detail."

Examination will show that both of these claims are entirely without foundation and are untrue.

Every system or method or measure of therapeuics bases its claims to acceptance upon alleged cures, from Christian science to patent medicine.

The necessity for clearly defining what is meant by cure, and for establishing a standard of cure for comparison, is at once evident. If a method or measure cannot prove cure it falls to the ground, and is relegated to the limbo of exploded theories. If the result of the use of a method or measure can get itself accepted as a cure, that method or measure is at once given a standing in the medical world and its fortune may be made. Such is the credulity of the average unthinking and uncritical medical mind that innumerable fads and frauds are continually getting accepted, only to be rejected after a short and often bitter experience of failure has proven their real character.

Probably no commonly used medical term is so widely misunderstood and so often misused as the term "cure." Cure and recovery are used indiscriminately as if they were synonymous terms—as they are in the paper under discussion. In this way recoveries are palmed off as cures. The results of palliation and suppression of symptoms are thus made to appear as cures. Every man wants to announce cures, and the majority seem to be more willing to stultify themselves and deceive the public by false methods, bad practice and the misuse of terms than they are to study and work to perfect themselves in a method which produces real cures. Many sincere but ignorant men believe that they have effected a cure when all they have done in reality is to aid, or, perhaps, hinder the bringing about of a recovery. It is true that this is all it is possible to do sometimes, but let the part taken by the physician in such cases be fairly and honestly represented.

The great difference between a "cure" and "recovery" lies in this: *That a cure is always a result of Art, and is never brought about by Nature.* Nature never effected a cure since the beginning of time, and never will. Nature, aided or unaided, often brings about a *recovery,* under the operation of natural laws. Fortunate indeed is it that this is so! Furthermore, *no cure was ever performed by methods which are but a mere imitation of Nature or Nature's processes.* Recoveries only result from such methods. Frequently there is great loss and injury to the patient from the use of such methods, because many of Nature's processes cannot be successfully imitated by man. Man cannot successfully compete with nature by imitation even in so apparently a simple thing as feeding a baby.

Outside of Homœopathy, the greatest real progress made in the last century in the treatment of the sick has been in the adoption of methods which favor the bringing about of purely natural recoveries—the abolition of all drugs, the resort to rest, cleanliness, hygienic and sanitary measures, good nursing, etc.—in short, what is known as the "expectant method." The rate of mortality in certain diseases has fallen just in proportion to the degree that meddlesome medication has been superceded by sound hygienic measures.

Let it also clearly be understood what is meant by the word "Art," a term quite as widely misunderstood and misused as the word "cure." Art, in the practical sense here meant, is the skillful and rational adaptation of means to ends. It is the work of reason and intelligence, actuated by a sense of the "eternal fitness of things." Most emphatically, it is *not* servile imitation of nature or nature's processes. Art is the antithesis of nature.

Art proclaims man's victory over nature, by means superior to the means of nature.

Of course, Art has its substratum and framework of scientific principles, for Art and Science are related and interwoven. Art makes an observation or takes a hint from Nature's processes and devises a quicker, better, more perfect or rational way of effecting its purpose.

Art seeks to gain time, and efficiency, and completeness over Nature. Art seeks perfection by the exercise of the rational superior powers of the mind. Nature works irrationally, blindly, mechanically, slowly, painfully, wastefully, as when she suppurates an eye away in the effort to remove a splinter from the cornea. And yet law underlies all Nature's efforts, needing only the aid of Art—of man's rational aid—to accomplish her highest good.

In view of these considerations, it is as absurd to call the process set forth in the paper under discussion by the name of Homœopathy as it would be to call the penny whistle imitation of a sparrow's chirp music.

Homœopathy, the art of healing by medication, is a great and elaborate system, having its own definite rules, methods and principles, according to which all its work is done, and all its results tested. The natural law or principle upon which it is founded finds innumerable illustrations throughout the entire realm of Nature—in the acts of animals, in the results of accidental experiences, in ob-

servations which have given rise to popular beliefs, superstitions, etc.—but none of these incidents or processes or results comprise Homœopathy. They merely indicate the source from which it has been drawn, are merely a part of the material which enters into the structure.

Art takes the materials Nature provides, and combines them, refines them, adapts them directly to ends, renders them more active, more potent, more harmonious, more efficient. Homœopathy is an Art, and effects all its purposes through the medium of Art. A cure is always a product of Art, and can be nothing else. In a slightly different, that is, in the æsthetic sense, a cure is a "work of Art." It may vary in quality, according to the ability of the artist, but it is always a work of Art.

If a homœopathic artist desired to profit by the observation that a certain desperate case of septicæmia recovered after ingesting a portion of his own pus, accidentally or intentionally, or by the advice of some superstitious person who held the old popular belief that "the hair of a dog would cure his bite," he would not think of servilely and grossly copying this procedure, but bring to bear upon the question the principles and methods discovered and devised by those who developed Homœopathy.

A homœopathic artist would have submitted the product of Nature which had come into his hands to the recognized legitimate and scientific homœopathic process of modification—mechanical and dynamical potentiation.

Furthermore, in order to determine the relation of his new remedy to Homœopathy, he would have submitted it to the only test recognized as truly homœopathic in such cases—the proving of the drug upon the healthy. Comparison of the symptoms of the provers with the symptoms of the sick will alone reveal the true relation.

Hahnemann defines cure as being "the speedy, gentle and permanent restoration of health, or the removal and annihilation of disease *in its whole extent,* in the shortest, most reliable and most harmless way, on easily comprehensible principles."

Cure is not the palliation of disease by the removal or suppression of some symptoms, nor the removal of "pathological end products," such as tumors, effusions, collections of pus, useless organs or dead tissues. It is the annihilatoin of disease itself in its entire extent. But the definition of cure is not yet complete.

There are further means and rules for determining whether a result is a cure or not. Not only must a cure be a restoration of health in the shortest possible way, brought about by Art, but it must be brought about *in a definite manner and direction.*

Cure takes place in a certain orderly and definite manner easily recognized by the competent.

1. The symptoms disappear in the reverse order of their appearance, the last appearing symptoms being the first to disappear, and so on in orderly sequence.

2. Improvement is from within outward and from above downward, the most interior states or sensations being first relieved, as when a patient states that he himself feels better, although local and external symptoms may still be unchanged; or, as when a case of endocarditis is relieved and cure begun by the appearance or reappearance, under the action of the remedy, of trouble in the joints or muscles. Thus, by observation, and comparison with a standard, do we determine what is a cure.

Reliable judgment upon what constitutes a cure in a given case is not to be pronounced by one who does not know the difference between a cure and a recovery.

The statement that the reported cases were cures cannot be accepted. It is plain from internal evidence that some of the cases were not cured, for one patient died "of another condition," and others were evidently not restored to health.

What passes for cure is, in the great majority of cases, either mere palliation of symptoms, or recovery under natural conditions, unmodified (except for the worse frequently) by art.

The terms "cures" and "recovery" when used interchangeably, as in the paper under discussion, lead to the greatest confusion and demoralization of the ordinary mind, and the degradation of true art. For if recovery under treatment the most vile is falsely announced as a cure, and is accepted by the uncritical as a cure, the way is immediately opened to the practice of anything and everything.

Every standard and every safeguard to purity and integrity of practice for them is destroyed. The question of what constitutes a cure is therefore absolutely fundamental.

Granting the truth and accuracy of the reports of cases treated by crude autogenous pus, the most that can be said in regard to ho-

mœopathicity is that: 1. By analogy, they appear to illustrate the action of the homœopathic principle in nature; 2. that the experiments of Dr. Duncan tend to show that possibly the real truth contained in the primitive belief is not that "every *disease* carries its own remedy," but that the remedy for certain cases of definite, fixed, contagious disease *is contained in* the typical morbid product of the diseased individual himself. In other words, it may prove true that the *potentiated* autogenous product is the similimum for certain cases; for only by potentiation can the remedy be rendered really homœopathic. Homœopathy is not isopathy; neither is the crude autogenous product a similar, nor the similimum, but *idem*—the thing itself.

Homœopathy is separated from isopathy by all the breadth and depth of the great gulf which separates man from the beast, although man may bridge the gulf in either case by the exercise of his reason, intelligence and love.

Homœopathy has a place in its great armamentarium and a use for all the nosodes (the name given to these morbid products), but only when they have been raised from the animal and material plane by potentization, and applied under the governing principle of similia.

Experimentation along the homœopathic lines herein indicated is the only logical course for homœopathic physicians to pursue.

Nothing can justify the claim or suggestion that autogenous pus, crude or potentiated, is the sole treatment, or even the best treatment, for all cases, even if it cures some cases; for many cases will be found which will not respond to this treatment. Such a claim can be made for no remedy whatever. In this all reputable physicians of all schools agree. Finally, as bearing upon originality or priority of discovery, let the following be considered:

In 1886, Dr. Samuel Swan, of New York City, published and defended in his catalogue and elsewhere the following thesis:

"Morbific matter will cure the disease which produced it, if given in a high potency, *even to the person from whom it was obtained.*"

Dr. Swan treated cases by the administration of potentized autogenous virus more than twenty-five years ago.

To Dr. Duncan then remains the unenviable distinction of being the first man to adopt the bestial expedient of giving *raw* autogenous pus by the mouth to the unfortunate sick who have confided in him.

DEPLETION BY NASAL TAMPONADES. THE RATIONAL TREATMENT OF SUB-ACUTE RHINITIS.*

By J. Ivimey Dowling, M. D., Albany, N. Y.

The nose is a portal arched by the sinuses of which the ethmoid cells may be called the keystone. Through this portal passes most of the respired air, and upon the mucous lining of this gateway are caught a large variety of germs which are ever present in the atmosphere of our cities.

The nose itself is a scrolled laryrinth of turbinated bodies, and the various accessory cells and sinuses are important off shoots. The lining membrane of the nose is a continuous reflection via the various ostia to all the accessory cells and sinuses, and through the continuity of tissue passes into the pharynx and thence via the Eustachian tubes to the middle ears, then furthermore by way of the aditi ad antra to the mastoid antra and proximate mastoid cells.

The epithelium of the nasal cavity is of the ciliated variety, and in a state of health a large quantity (one pint) of mucus is excreted daily. The purpose of the cilia is to stay the progress of foreign particles—germs and the like—and the mucus affords the required moisture to the air before it enters the lungs. It is inconceivable that the nasal membrane alone excretes the required amount of mucus, and so the sinuses accord the added mucus required to moisten the inspired air.

In a state of health all may go well, but in the face of perverted functions the nasal labyrinth and accessory cells and sinuses become positive incubators in which the germs develop rapidly, producing toxins which may invade, or even attack, far distant organs or the general system as a whole.

Ballenger terms the anterior ethmoid region as the "vicious circle," and, as he states, in the majority of instances, the frontal anterior ethmoidal and maxillary sinuses drain into the infundibulum, and an obstruction in this region may occlude either or all of these sinuses.

This being so it is essential that this region be kept in a proximately healthy state, and it is the purpose of this paper to describe

*Read at the Homœopathic Medical Society of the County of New York, January 12, 1911.

a simple procedure which physicians as a whole may safely employ, leaving operative methods to the skilled specialists.

The part that the nose and accessory cells and sinuses play in the causation of inflammations of the eyes, ears and systemic diseases is still an unknown factor. The incubation theory of the sinuses is still in the balance, but clinical evidence is rapidly accumulating. The day is not far distant when it will be an accepted fact that many rheumatic conditions owe their primary origin to infection of the sinuses; and it is known that the symptoms classed under the broad term *grip* frequently disappear after appropriate treatment directed to the source of residual sinus infection. The pathology of ocular diseases will be in large measure rewritten, and some inflammations heretofore attributed to the specific virus of syphilis will be ascribed to streptococcic, staphylococcic or other infection of the sinuses. This being proven and accepted the rational treatment will be an attack upon the vicious circle, or radical surgery of the sinuses. By removing the cause the disease will necessarily be eliminated or its further progress stayed.

The paths of invasion by which diseases of the nose or accessory cells and sinuses may pass to proximate or distant parts may be stated thus:

1. Contiguity of tissues.
2. Venous anastomoses.
3. Lymphatic channels.
4. Nerve reflexes via the nasal nerve, lenticular ganglion, and also through the relation of this ganglion to the spheno-palatine ganglion.

Subacute conditions of the nose or accessory cells and sinuses may be recognized by perverseness of smells, recurrent cranial or facial neuralgia, ocular congestions, erratic refractive states, or the "cold habit," that is, a liability to acquire a cold in the head upon the slightest provocation.

Two factors are of importance as causal factors in all such states, viz., residual infection of the sinuses, and hyperplasia of the nasal erectile tissues or other intranasal abnormality that will occasion any impairment to the respiratory function.

For relief of residual infections or simple hyperplasia of the erectile nasal tissues the following method is advised:

Suitable sized cotton tampons are placed in the middle meatus

reaching from the anterior portion of the nares to the choana posteriorly. These tampons should be saturated in a fresh solution of *argyrol forty grains to the ounce.* Providing the middle turbinated bodies are not too greatly hypertrophied the tampons should be placed between these bodies and the septum and well up against the region of the ethmoid cells. In case the middle turbinated bodies are of great size then the tampons should be placed as nearly in the position as possible. In the latter instance relief is obtained, but not to the same degree as when possible to insert the tampons higher up.

The benefits are due to the effects of induced capillary attraction which drains the ethmoid cells of retained secretions and depletes the turgescent soft tissues. The effects induced are hyperæmia of the conjunctivæ, sneezing and flow of mucus.

The changes noted upon the tampons are decided and of positive value in demonstrating the presence of infection, for while the tampon is originally dark brown or blackish in color, upon its withdrawal it will be found bleached in spots or throughout its entire extent. The bleaching is indicated by yellowish spots upon the tampon, and in some rare instances the tampon is absolutely decolorized. These argyrol tampons may be placed in a healthy nose, that is in a non-infected nose, and remain for a full hour without decolorizing. The finding of this reaction is surely an indication of infection, and cultures taken after employing the method will discover the variety of germs present. Those most frequently present are staphylococcus or streptococcus in pure cultures or of mixed variety.

The technique to be followed after withdrawing the tampons is thoroughly flushing the nares and cleansing them of all secretions. The method may be either by postnasal or intranasal douching by means of the ordinary postnasal curved tip or Teets' anterior nasal tip. In lieu of that a douche obtained by means of compressed air is satisfactory. After thoroughly cleansing the nasal chambers a bland oil may be employd, although in some cases the use of oil seems to prove too drying and militates against the usefulness of the tamponade treatment.

The frequency of treatment is governed by the effect obtained and varies from every other day to once in two weeks as improvement is secured. The first treatment is frequently without marked result, and in such cases they should be repeated every other day until benefit is noted when the interval should be lengthened. Often-

times the first improvement is purely subjective, or an aggravation of all symptoms may first ensue. If persisted in the effects sought will finally be obtained.

Absolute failure of the tamponade method does not prove its inefficiency, but is due to the fact that the middle turbinated bodies are so hypertrophied that results are impossible until intranasal surgery is instituted. Subsequent to this procedure the argyrol tamponade method will prove successful.

A point to be noted is the fact that many patients will absolutely deny the existence of any catarrhal state of the nose, and as they understand it they do not so suffer; objective examination will reveal merely hypertrophied middle turbinated bodies or turgescence of the erectile tissues, but the test with argyrol tampons will prove the presence of infection, and what I term *residual infection of the sinuses* will be discovered. The immediate results of treatment will convince both patient and physician of the presence of an active agent which must be overcome in order to correct the local or other symptoms of subacute rhinitis.

The value of this procedure is positive, for the reaction seems to be obtained only in the presence of pathogenic organisms as shown by Dr. Charles E. Terry, of Jacksonville, Florida, as reported by him in an article read before the Florida Medical Assocation, and reported in their Transactions for the year 1909.

Acute, subacute or chronic rhinitis may all be relieved or cured by this method after other methods have failed, and the physician in general practice will find it a valuable addition to his armamentarium.

117 Washington Avenue.

DISCUSSION.

Irving Townsend. M. D.: There are several points of interest in Dr. Dowling's paper apart from the use of argyrol tampons, which, in itself, is a distinct addition to the therapeutics of intranasal diseases.

Too much emphasis cannot be placed on the importance of clearing up the ordinary sinus inflammations resulting from, and a part of, what is called a catarrhal cold, especially that type which prevails during epidemics of la grippe.

Patients come to us with a severe cold, or la grippe, or a history of an attack with subsequent recurrences, often without an adequate cause. It has been the custom in the absence of any gross

lesions in the nasal passages to attribute this increased susceptibility to a lowered vitality not recognizing that this lessened resistance or lowered vitality was due in many instances to a toxemia from absorption of purulent material pent up in the accessory cells or sinuses.

Even though the process be sub-acute or chronic and causes no marked symptoms it is a greater source of danger because of its location beneath the cribiform plate of the ethnoid which furnishes ready access to the brain.

It is entirely within the range of probability that there are thousands of persons in this city to-day going about with a greater or lesser impairment of health from this unrecognized cause. "Residual Sinus Infection," the term used by Dr. Dowling, is particularly descriptive and I am glad to go on record as sharing his enthusiasm over the results obtained from the treatment he has devised.

While I do not consider it applicable, as a rule, to the acute stage of inflammation, it may often be used advantageously in the acute recurrences of a sub-acute or chronic condition, and in the sub-acute stage this method is the treatment par excellence.

There is no doubt that many cases of sinus suppuration heretofore regarded as operative may be successfully treated by this simple measure. As a means of diagnosis it has positive value, but this greatly depends on the accuracy with which the tampon is placed, which, owing to the size and location of the middle turbinate, is often difficult and sometimes impossible.

Following operation for sinus empyema argyrol applied on tampons is very useful in clearing up the cavities and getting rid of the last drop, which often yields only to the most persistent efforts.

I want to say a word in commendation of the careful painstaking way that Dr. Dowling has proceeded to develop, and test the efficacy of his method, combining clinical observation and laboratory experiment in a way that gives his report a very definite scientific value.

OUR DIFFERENT TYPES OF SEPTIC CONDITIONS OF THE BRAIN SEQUELÆ OF CHRONIC OTITIC SUPPURATION.*

By Charles C. Boyle, M. D., Eye and Ear Surgeon of the New York Ophthalmic Hospital, Oculist and Aurist to the Metropolitan Hospital, Blackwell's Island, Clinical Professor of Ophthalmology and Otology to the New York Homœopathic College.

It is claimed that 75% of all septic conditions of the brain are the sequelæ of some form of suppurative conditions of the middle ear, either acute or chronic. This is easily understood when we consider the close proximity of one part to the other; the roof of the tympanum being part of the floor of the middle fossa, the roof of the mastoid antrum forms part of the floor of the cerebellar fossa, and the posterior wall of the antrum being the bony partition that separates it from the lateral sinus. The infection takes place either directly through an opening in the diseased bony wall or through congenital defects; the latter especially in children. Or it may take place so indirectly by way of the veins, they being in direct communication with the sinuses, or through the lymphatics. The septic conditions found are either in the form of an abscess in the interior of the brain, an extradural abscess or external pachymengitis, where the collection of pus is between the external layer of the dura and inner bony table of the skull; an intra-dural abscess or internal pachymeningitis where the pus is on the inner side of the dura; and finally in the form of a lepto-meningitis where the collection of pus is beneath the arachnoid and pia mater.

In cases of abscess in the brain substance, the symptoms in the beginning are those of inflammation, but vary much in intensity; in many they are so trifling as to be overlooked; there may be headache, vomiting, vertigo and rise of temperature, which later becomes normal or sub-normal; the pulse becomes slow, also the respirations. If complicated with meningitis the temperature will be elevated, pulse and respirations rapid. Optic neuritis is more common with the brain abscess than in the other septic conditions of the brain, but not so frequent as in tumors of the brain.

The symptoms of an extra-dural abscess are somewhat similar to those of abscess in the brain. Patients have pain in the head

*Read at the Academy of Pathological Science, November, 1910.

on the side of the ear involved, pain increased by tapping of the head; headache may not be constant or severe. He may have nausea and vomiting. Temperature and pulse not increased, if it is uncomplicated, but simply an extra-dural collection of pus; temperature might be sub-normal; optic neuritis rare. He may have increased discharge from ear, at times more profuse than you would expect from the ear trouble; this would indicate the probabilities of communication between the tympanic cavity and the sub-dural space; if discharge ceases the head symptoms are apt to increase. If complicated with septic involvement of the lateral sinuses or any of the sinuses, you will have repeated rigor and sweating, followed by a rapid rise and fall of temperature (septic), an increased pulse and respiration, followed by a general septic condition.

The symptoms of intra-dural abscess if uncomplicated are very much the same as extra-dural, but if, as is often the case, it is accompanied by a lepto-meningitis, the symptoms are increased; there is severe pain in side of head, vomiting nearly always present, even when not taking food and bowels generally constipated.

There may be chills followed by high temperature, generally septic in character; pulse rapid, may be, irregular; respirations increased, vertigo frequently present; we may have optic neuritis, but not as frequent as in brain abscess, or may have only a congestion of the optic nerve or even anæmia of the optic nerve from pressure on the nerve in front of the chiasma if there is fluid in the intra-dural space. In advanced cases there are convulsions, local rigidities and spasms; stiffness of muscles of the neck and retraction of the head appear. If the base of brain is involved there will be some paralytic symptoms.

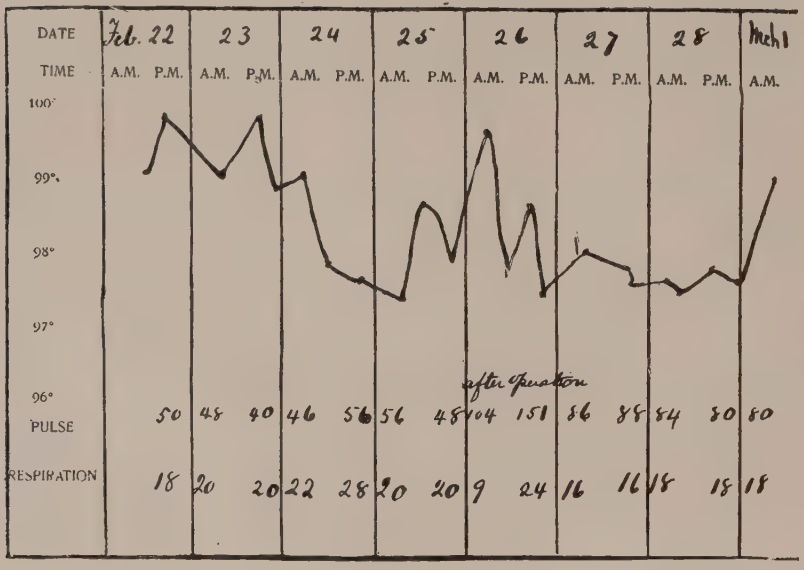
Patients in pronounced cases have delirium, irritability, restlessness, drowsiness and stupor, followed in a short time by death if not relieved by operation.

CASE I.

History of Case of Abscess of Right Temporal Lobe.

Patient, male, age 20, admitted to Metropolitan Hospital. History of old ear trouble. Two weeks before admittance began to have pains in head, located principally over front and top of head, espe-

cially over right ear. Pressure over mastoid and temporal regions was painful, more marked on right side. Patient passed into a stupor approaching coma; roused with difficulty; some vomiting, extremities cold, pulse slow and feeble but regular, respiration rapid and shallow. Temperature did not go above 100° and at times went down to 97.4°. The first three days after being admitted his temperature went up and down, never above 100°. On the fifth day it went down to 97.8° and the sixth day 97.6 and then



CASE I.

up to 98.6 and to 98, 97.6, 97.4, until just before death it went up to 99.4. His pulse varied from 40 to 56 until operation, when it varied from 74 to 102. Respirations 18 to 22 until operation, when it varied from 16 to 18. Upon the symptoms present I made a diagnosis of an abscess in the brain. The ophthalmoscope showed a very marked optic neuritis in both eyes with some small hæmorrhages in the retina. Urine normal.

As the symptoms were urgent I operated upon him as soon as he was properly prepared. First opened the mastoid antrum, although I did not expect to find pus there; nothing was found except an almost complete obliteration of this cavity, due to a

hyperostosis caused by some previous inflammation; this supposition was found to be correct later when the post mortem showed a small opening into the cranial cavity through the inner wall of the antrum. I did not stop to perform a radical operation, but proceeded to make a semi-circular flap above the ear over squamous portion of temporal bone; after this was put to one side I removed a button of bone by the trephine about one inch above the external auditory canal. After incising the dura, I put an exploring needle into the middle lobe of the brain in three different directions, forward and inward, backward and inward, and downward and inward, but failed to draw any pus, although the abscess was there, as the autopsy showed the needle had penetrated the abscess cavity and pus was flowing out of the opening made, but the calibre of the needle was too small and it probably became plugged up; at time of operation the entire tempore-sphenoidal lobe was one large pus cavity.

As no pus was found at the time of entering the middle lobe, I determined to explore the cerebellum fossa, which was done in the same way as in the cerebrum, but with negative result. The patient died three days later.

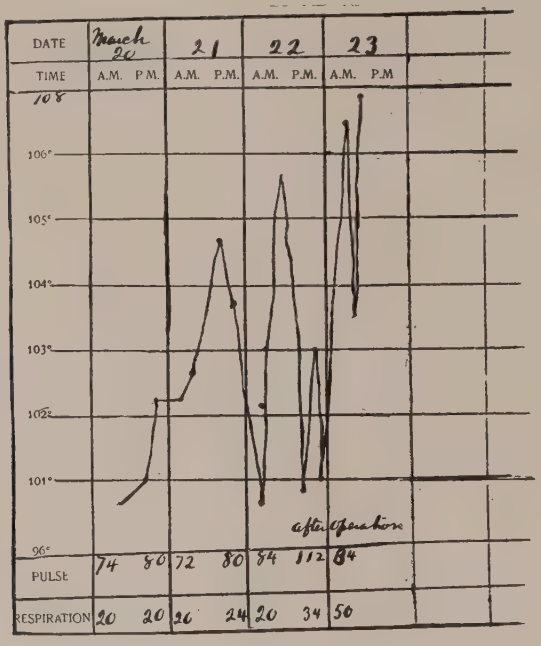
The autopsy showed marked congestion of the brain; membranes were not adherent either to the bones of the skull or surface of the brain, with this exception, that at the top of the right side close to the longitudinal sinus the membranes were firmly adherent for about two inches. Before removing brain pus was found oozing from the spheno-temporal lobe through the opening made in the bone at the time of operation. On cutting into the brain, it showed this entire lobe to be a pus cavity, containing large quantities of thick, greenish pus; the rest of the brain was apparently normal. On removing the portion of the dura directly below the lateral sinus, a small area of thick, cicatricial tissue was found covering an irregular opening in the inner wall of the mastoid antrum of right side, and probably that was the point of infection of the brain, very likely dating back a year or two.

CASE II.

History of Case of Diffuse Sub-dural Abscess.

Patient admitted to the Metropolitan Hospital March 19th. Complained of a purulent discharge from left ear, which he had

for twenty years. For the last few days had suffered from considerable pain in his ear and through the head, especially over the left ear and frontal region, accompanied by some vertigo. Mental condition rather confused; temperature that varied from 100.6 to 102.4; pulse 74 to 80; respirations 20 to 22. March 21 patient passed a very restless night; great deal of pain in head; vomited a thin, yellowish fluid. Vertigo on sitting up; gradually lapsed into a comatose condition. Paralysis of right arm and leg; no other paralysis. Temperature running from 102.4° to 104.6°



CASE II.

and then down to 103.6°. March 22d, at 9:20 A. M., was taken with a slight convulsion of left side; the right remained motionless. Pulse became rapid and weak, varying from 84 to 120. Temperature running from 100.4° at 2 A. M. to 105.6° at 10 A. M. At 2 P. M. it went down to 100.6°; this was just before operation. Examination of fundus of eye with ophthalmoscope showed right optic nerve normal; in left eye optic nerve very pale, arteries and veins diminished in size, and there was a distinct pulsation of one

of the veins as it dipped into the centre of the nerve; this condition indicated pressure on the nerve in front of the chiasma. Examination of left ear showed a thick, dirty brown discharge; membranum tympanum gone; no swelling or pain over the mastoid.

Patient was prepared, and as soon as under anæsthetic commenced operation. First made the ordinary mastoid operation; found no pus, but found almost a complete obliteration of the antrum due to a hyperostosis, showing at some time there had been an inflammatory condition. During the operation I exposed the lateral sinus, which appeared to be normal. After this I exposed the squamous portion of temporal bone by making semi-circular flap, and then removed a button of bone from the skull about one inch above external auditory canal. As soon as the dura was exposed it showed a distinct pulsation synchronous with the pulse beat. As soon as the dura was incised, large quantities of whitish pus mixed with a serum came out; along with it was some black blood, which I knew could only come from some ruptured vessels, which was confirmed at autopsy. After draining off the pus, the wound opening was flushed out by warm sterilized water, and after packing in some iodoform gauze the wound was partially closed, allowing room for drainage.

At 5 P. M. patient was taken out of operating room to his bed. At 6 P. M. temperature was 103°, pulse 112, full and strong, respiration 34, rapid but regular. Patient lies in an unconscious condition; continued same until midnight, when he had a violent chill followed by temperature of 105°. Stimulant and strychnine given, under which he rallied somewhat, but at 4:30 A. M. had another sinking spell; pulse became weak and rapid, respiration shallow, fifty per minute, temperature 103.6°, pulse 114. At 9 A. M. died with temperature 108°, pulse 134, respiration 48.

Autopsy showed some pus remaining on surface of the brain. On top of left superior parietal lobe was a black clot, evidently of recent origin, and in cutting open the brain at this position a larger hæmorrhage clot was found; it was about the size of a horse chestnut. There was intense venous congestion and marked capillary congestion throughout the brain, more marked in the left occipital lobe. On the under surface of the left occipital lobe was a dark discoloration but no clot underneath it. In the roof of the tympanic cavity a perforation was found due to caries, caused by the sup-

purative condition of the middle ear. This undoubtedly was the path of infection which caused the sepitc meningitis and sub-dural abscess.

CASE III.

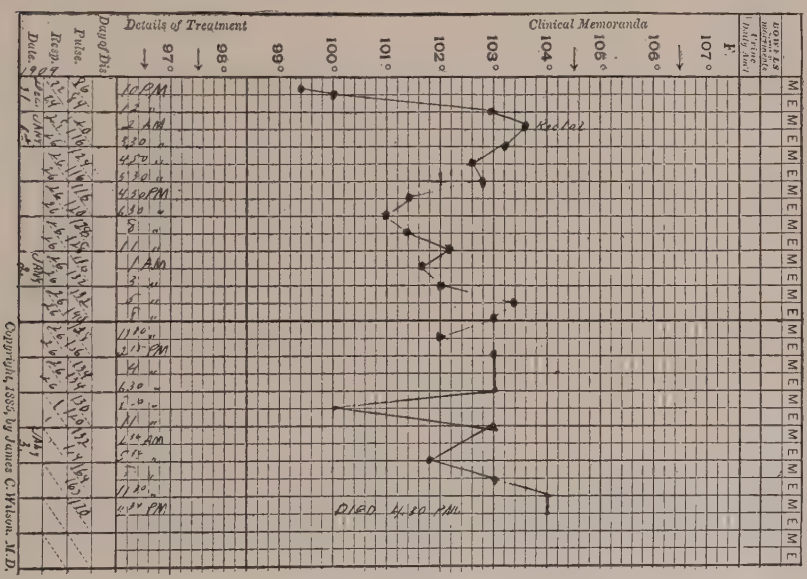
A Case of Extra-Dural Abscess and Septic Thrombosis of Lateral Sinus, the Result of Acute Inflammation of the Middle Ear.

On October 5th of last year, I performed a simple mastoid operation upon a young man who was suffering from an acute mastoiditis resulting from an acute inflammation of the middle ear, which came on in August of the same year.

At the time of operation the skin over the mastoid was swollen boggy and tender to touch, accompanied by a profuse yellowish discharge from the ear. Patient had a septic temperature. After the patient was properly prepared the mastoid antrum was opened; it was full of pus. During the operation it was found that the sigmoid portion of the lateral sinus was exposed; there being no bony covering, which I think might have been a congenital condition. It did not feel as if it contained any thrombosus, it being compressible, therefore concluded not to open it, as symptoms did not indicate a septic thrombus. The wonder was that in making my incision and chiseling away the bone in passage of the antrum, I had not cut into it, especially as the field of operation was obscured by free bleeding. After cleansing out the antrum and seeing that there was a free communication between the antrum and tympanic cavity, the wound was cleansed with bichloride solution, packed with iodoform gauze, the soft part sutured together, leaving an opening at lower part for drainage. From this time on the wound followed an uneventful course, healing up except at the lower part; some pus continued to discharge from the antrum through this sinus and also from auditory canal. After the operation the temperature returned to nearly normal; the first week it remained at 99° and a fraction, and after that to 98° and a fraction, and so until December 31st. During all this time it continued to discharge through the external auditory canal and the sinus leading from the antrum; at times it would almost cease, and then again become profuse; it was yellowish in color; test showed only pneumococci. The patient during all this time, after the first two weeks, was up and around, did not complain of

anything except occasionally of a dull headache on that side of the head. This would not be constant. These headaches suggested probably brain trouble, but there were no other indications. Optic nerve was normal. As the discharge persisted I told the patient I would probably have to make a radical mastoid operation, as I thought there was some diseased bone keeping up the discharge. He asked me not to do it if I could help it. I saw him on December 31st at 2 P. M., and dressed the wound, and he said he was not feeling very good. I prescribed for him and left the hospital.

About two hours afterwards he was taken with severe chill, followed by cold perspiration and collapse, passing into a stupor.



Case III.

Temperature that night at 10 P. M. was 100°, pulse 86, respiration 22; at 12 M. temperature 99.4°, pulse 84, respiration 28.

January 1, 2 A. M., temperature 103°, pulse 120, respiration 28; 3:30 A. M., temperature 103.6°, pulse 124, respiration 28; 5:30 A. M., temperature 102.6°, pulse 116, respiration 26.

I arrived at hospital on January 1, 9 A. M., and found the patient unconscious, and had the appearance of a general septic condition. As soon as he was prepared for operation and anæsthetized I opened up the old wound, pushing the flaps to one side exposing

the mastoid, which showed the lateral sinus exposed and filled with a solid plug; leaving this I opened the tympanic cavity, exposing the interior thoroughly, and at the upper and anterior part of the roof of the tympanum was a clear cut opening into which the dura protruded. This opening, being clean cut and not softened bone, looked almost like a congenital opening. This showed that the constant discharge was from an exera-dural abscess. After placing some iodoform gauze over the opening, I preceded to open up the lateral sinus, which, after chiseling away the bone covering, it was slit up to nearly an inch from the torcular, the only bleeding was from the superior petrosal sinus. While doing this part of the operation the under surface of the sinus was separated from the bone and a large quantity of pus came from the cerebellar fossa. On account of the extremely low vitality of the patient I did not try to do any more, as it seemed to me that there was no hope, as the patient had a pronounced septic meningitis, and a complete plugging of the lateral sinus, which probably extended into the longitudinal sinus.

After the operation the patient recovered partial consciousness, but soon relapsed into a stupor, and remained so until death on January 3, at 11:30 A. M. Just before death temperature was 105°. From time of operation to death temperature was of a setpic type, as the chart will show. No post mortem was held.

CASE IV.

A Case of Diffuse Lepto-meningitis.

Patient, male, age 40. Entered Metropolitan Hospital on September 27. Came for treatment of post-operative wound of mastoid, result of simple mastoid operation, on September 10, in some other hospital. Complained of some pain and headache on that side of head. At time of entrance, 10 A. M., temperature 98.8°, pulse 110, respiration 26; 5 P. M., same day, temperature 97.4°, pulse 70, respiration 24. Examination of patient showed no discharge from the ear, wound from old operation had healed over. Patient was able to be up and around.

On October 1, at 2 P. M., had a severe chill and complained of intense pain in occipital and temporal region; chill lasted an hour, followed by rise of temperature, 101°, also had some vertigo and nausea, followed later by vomiting. At 5 P. M., temperature 102°, pulse 96, respiratioan 28.

October 2, 9 A. M., temperature 103.8°; vomited again; complained of severe pain in occipital region; 1 P. M,. temperature 102.4°; 5 P. M., temperature 103°. Refused nourishment, as it caused nausea. Had still pains in occipital region. Nine P. M., temperature 102°, pulse 96, respiration 24.

October 3, 1 A. M., temperature 101.4°, pulse 98, respiration 20; 5 A. M., temperature 101°, pulse 90, respiration 20; 9 A. M., temperature 101.2°, pulse 92, respiration 24.

Complains of severe frontal headache, also pain in back of head and neck; cannot lift head from pillow; has nausea but no vomiting; face pale but hot to touch.

1 P. M., temperature 102.6°, pulse 98, respiration 28. Patient became restless and irrational; picking at bed clothes; pupils dilated; respiration rapid, pulse rapid and irregular.

5 P. M., temperature 104.2°, pulse 84, respiration 30. Patient in a stupor.

9 P. M., temperature 103.6°, pulse 108, respiration 32. Very restless, moans, does not seem to notice anything.

October 4, 1 P. M., patient had to be restrained and watched. Temperature 102.6°, pulse 110, respiration 28; 5 A. M., temperature 101.2°, pulse 106, respiration 28; 9 A. M., temperature 101°, pulse 126, respiration 40; 1:30 P. M., temperature 101.2°, pulse 124, respiration 40.

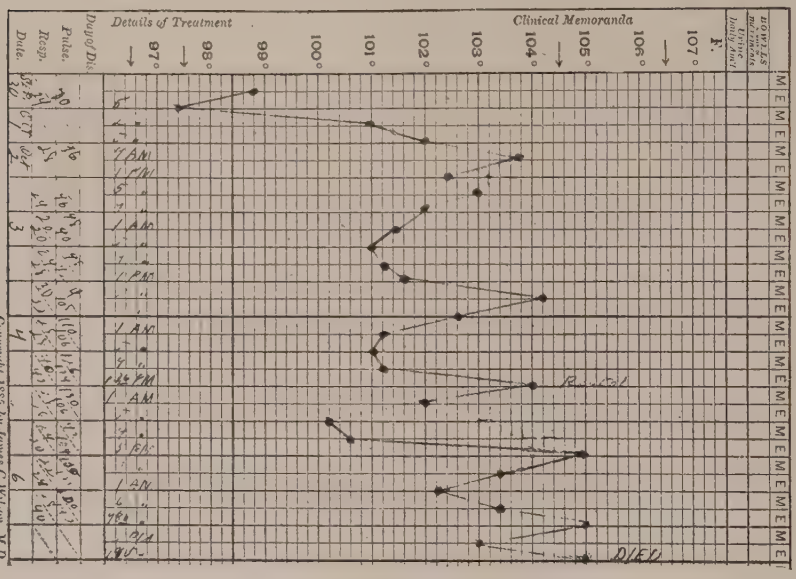
On this day I saw the patient for the first time. He was restless, semi-conscious, pupils dilated, but not to full extent. Examined eyes by ophthalmoscope, nothing abnormal except congestion of retinal veins. From his temperature, which was septic, his symptoms and also the history of having been lately operated upon for mastoiditis, I made a diagnosis of septic meningitis with probably an extra or intra-dural abscess, and advised operation, which was done on October 6.

On October 5, A. M., temperature 104°, pulse 130, respiration 28; 5 A. M., temperature 102°, pulse 106, respiration 28; 9 A. M., temperature 100.2°, pulse 92, respiration 24; 5 P. M., temperature 102.6°, pulse 104, respiration 30; 9 P. M., temperature 105°, pulse 130, respiration 22.

October 6, 1 A. M., temperature 103.4°, pulse 100, respiration 24; 6 A. M., temperature 102.2°, pulse 120, respiration 28; 9:30 A. M., temperature 103.4°, pulse 140, respiration 40.

Blood count showed leucocytosis 10,400. On this date the patient was prepared for operation, and at 2 P. M. was brought into the operating room under the anæsthetic.

First made a lumbar puncture drawing off about an ounce of pale yellow fluid, which came out of the canula with some force, showing intra-cranial pressure. Subsequent examination of this fluid showed pus cells and streptococci. First stage of the operation consisted in making an incision extending from top of mastoid up through the old wound, from previous operation, to about two inches above the external auditory canal, making a circular flap over the squamous portion of the temporal bone, the incision ending



CASE IV.

about one inch in front of the upper part of the auricle, cutting down through the skin, muscle and periosteum in the bone. This flap was loosened up by the periosteal elevator, and together with the auricle, which was loosened from its attachment in and around the external auditory canal, was drawn to one side out of the way.

With mallet and chisel I first made a radical operation, that is, I removed the bony partition separating the antrum from the tympanic cavity, making them into one; in doing this great care had to be ex-

ercised to avoid injuring the facial nerve. This cavity was carefully inspected to see if there were any communication with the cranial cavity through which infection had entered the brain; none was found. After cleansing the wound thoroughly with a solution of bichloride an opening was made through the squamous portion of the temporal bone into the middle cranial fossa; this was done by chiseling instead of using a trephine. The opening made was about three-quarters of an inch in diameter, exposing the dura, which appeared normal but slightly bulging; no pus was found extra-dural. Taking a clean knife I made an incision through the dura, and was again disappointed in not finding pus, as I expected to find either an extra- or intra-dural abscess. I then made a horizontal incision of about two and a half inches long in the skin posterior to the external auditory canal, cutting down to the bone, and pushing aside the flaps made an opening through the bone about two inches posterior to the external auditory canal and about one-half inch below a horizontal line corresponding to the occipital protuberance when the dura of the cerebellar fossa was exposed but no pus was found external to it, and on incising it found none. On account of the low condition of the patient I did not think it wise to enter the brain to explore for an abscess or to open the lateral sinus, but concluded to do so the next day if patient survived, which he did not; died at 9:45 that night with a temperatuure of 105°.

If I had gone into the brain I would have thought I had hastened his death; but the post mortem showed nothing apparently would have saved him at the time of the operation.

The post mortem, which was performed by Dr. Stow, showed the dura to be normal in appearance, nor were there any adhesions showing evidence of any old or recent inflammation; sinuses were normal.

Under the pia mater was a layer of coagulated yellow greenish pus covering the entire surface of the brain, less in quantity at the base; this had commenced to invade the substance of the brain cortex by ulceration. From this condition a diagnosis of diffuse lepto-meningitis was made.

The lateral and fourth ventricles were normal, and on slicing up the brain nothing abnormal was discovered except marked vascular congestion and commencing ulceration at its cortex.

A careful examination of the tympanic cavity, mastoid antrum and the petrous portion of temporal bone containing the labyrinth was made to discover some opening through which the infection took place; as none were found the conclusion was that it was probably through the lymphatics, because if it had been through the veins the sinuses would have been involved, which they were not.

49 West 37th Street.

DISCUSSION.

Dr. Bond Stow: A few points in regard to the autopsy will be interesting, especially in view of the fact that Dr. Boyle at the time of operation, anticipating a septic meningitis and expecting to find pus, found the dura normal, and even upon puncturing it found no pus. This can be explained on reviewing the autopsy findings. Over the left ear there was a mastoid operation wound packed with gauze and a drainage tube. There was no evidence of pus whatever. It was a perfectly clean, aseptic wound, which had not yet fully united, but had coaptated and was filled with coagulated lymph. On opening the brain the dura was found to be perfectly clear and transparent, normal in every way. Beneath the dura over both the cortex and the base of the brain the arachnoid space was covered with a coagulated yellowish green pus. All of the subdural spaces and the base of the brain were filled with this yellowish green coagulated pus, the dura being apparently normal. The cranial nerves were found bound in this mass of inflammatory fibropurulent material.

A section midplane of the central ganglion was made, and both hemispheres were normal. There was a slight fatty degeneration of the heart, the liver, kidneys, spleen, etc., being normal.

By a meningitis we usually mean an inflammatory condition involving the dura, arachnoid and pial membranes.

If we speak of a pachymeningitis we mean an inflammatory condition solely involving the dura.

By lepto-meningitis we mean an inflammation in which the pia and arachnoid are involved. This was a typical case of lepto-meningitis, in which the subarachnoid, pia and cortex of the brain were involved in an inflammatory suppurative condition. The brain was covered with a green fibro-purulent pus, not a pus which could in any way have been removed by a trochar, but a pus that had become coagulated so as to be almost as firm as the brain substance itself.

Another interesting fact is that a thorough examination of the mastoid cells, the cochlea, middle ear and all the petrous portion of the temporal bone proved them all to be apparently healthy and normal. You could not state at the autopsy finding that there had been any inflammation in these parts either past or present.

When one considers the coagulable state this pus was in it is not to be surprised at that Dr. Boyle did not find the same at the operative table. Recollect that the operator has an extremely small opening to work in, that he finds a perfectly normal dura presenting, and upon puncturing this by a trochar there is no fluid present.

ARTHRITIS DEFORMANS (CHRONIC).

By F. St. Clair Hitchcock, M. D., New York.

It is hardly necessary to dilate upon the hideous course of this most uncontrollable species of chronic disease.

Arthritis deformans! Silly, atrocious, diabolical, irrepressible monster. How it fairly grimaces and licks its chops in the face of the perplexed and perspiring medicant! Men hear it pronounced and scamper away to the hot springs of Virginia, to the warm spring of Colorado, to the mud baths of the Middle West, to the sulphur baths of the great lake country, and come loping home with their tongues lolling out, panting for breath, to settle down in an easy chair and regard the effects. Yes, they're better, and back to the daily routine they go. Ah! better of what? (The monster is grinning again.) Why, better of *it*. Can't they walk a little better? Don't they use their feet a little more? Assuredly they do. Well, then, what's the matter? Why can't they bend their knees any more? Why do their plagued feet act so like blocks of wood? Perhaps after all those German baths are the only thing. Well, then, over the water it will be. Let's see, a trip to Aix-les-Bains, a visit to Carlsbad. Well, let her go—Aufwiedersehn!

Presume, patient reader, ten weeks have elapsed, in the interim we're sucking our thumbs. What's this? They're back! Ah, happy at last, we suppose. How joyful they must be now! Jubilant, radiant, beatific, capering lambkins. Cured at last. (Wait till they draw closer; the malicious monster is snickering.) What's the matter? This is like a funeral; no shouting, no romping. Why, we thought they'd come back with bells on. Listen! They're talking—wearily, limpingly. They've lost much of the soreness, the swellings have gone down a lot, but (the monster is wagging his tail) those confounded joints are *just the same.*

The doctor has listened expectantly, attentively, and then he sinks back in his chair, folds his hands fondly and eloquently over his broad expanse of waistcoat, and nods his head, while his mouth

draws back in hard lines of despair, and deep furrows crease his forehead. His troubled thoughts are groping to form themselves into words; but all he can offer is: "Well, *what* do you know about that!"

Brown Séquard employed his organic fluid injections, and Morton used his own wave current, while Piffard and D'Arsonval took to the coil. But none of these are of any avail in the old, well-salted, bone-grown deformities of a truly business-like chronic arthritis deformans.

Hydrotherapy, dry heat, five hundred candle power lamp, osteopathy—don't these sometimes help? No. They tend to increase the extent of motion sometimes, where the muscles have been also severely attacked, but even this is inadequate for the relief from the stiffened joints. Small gouty tophi may be sometimes absorbed by either the high frequency couch treatment, or metal placque application, but more often not. Medicated electric baths have proven efficient for the relief of muscular rheumatic cases, but fail to loosen the frmly soldered joints. Small wonder patient and physician raise their troubled brows and ponder: "Well, what *can* a body do?"

Well, a body can try and attack those stubborn, bony masses by a chemical process. That sounds reasonable, but how are you going to do it? We'll see.

Experiments have been carried out along the line of medicinal injection methods, but none of these attempts have been fruitful in the old, solid masses of these salt deposits. But the best of all methods that have been formerly used is the attachment of the negative pole of the galvanic machine to an ordinary, everyday watery solution of table salt or sodium chloride, soaked upon the affected joint, and a positive galvanic pole applied to an indifferent point—such as either the sternum or palm of the hand. This indeed is most beneficial in a great many cases. We have here a simple process of kataphoresis, whereby we attract the sodium of the moistened cloth to the negative electrode or terminal, and drive or repel the *free chlorine* toward the positive pole—*away* from the negative applicator. Free chlorine is then attempting to pervade the stony mass. That's good. It sounds good, and it *is* good. But we've said *attempting;* yes, that's the right word, for the meter

shows a tremendous amount of current passing, perhaps as high as 215 or 220 milliamperes, if the case is extremely bad and the patient can stand it. What does that mean? It's pretty high.

It means that the current is flowing smoothly *over* the surfaces of stony mass. But a small amount of chlorine is permeating the surfaces. It must; it's only natural. All chemical elements combine wherever it is in any way possible. Is that encouraging or not? We'll soon see.

According to the methods as here employed, there is no manifest change even after several days of persistent treatment, in severe cases. But at length the crippled patient speaks of a knitting sensation, and soon blue striations are visible, which mark the veins. These, then, must be *new* processes in the vascular system, as there were none to be seen before. A prick of a needle had neither given pain nor produced bleeding. That was certainly discouraging. But now it is different, and pain even asserts itself between the treatments. This is not a failing step, it is an advanced step. *We must cure by retracing the processes that led to ossification.* And surely enough, the next time we come there may be detected a slight feeling of roughness underneath the skin. A feeling of sand, or little pebbles here and there. More treatment, more pain, and then—a slightly increased extent of the already very limited—if any—amount of motion. That's good! And placing a hand over the affected area one can feel the whole mass crumbling, as it were, while the joint is moved, passively, for the *patient* cannot yet effect that motion.

Bearing in mind such cases, let us think of the knee joint; for that is the most often affected, difficult to change, and pretty to watch, on account of that little cap, or patella, which persists in becoming cemented down upon the joint, encased in a mass like its own self, and stubborn in its yielding to mobility. This is difficult; this is a real task. Is it temporary relief only? No; not if it's grappled with and hammered at and persisted in. This method above described means toleration, perseverance, adherence—everything long and tiring. But it's often apt to get there.

The knee cap must be manipulated, and shoved and forced, carefully, but firmly, persistently and *painfully;* but *only* when the improvement or disruption of the solid mass becomes evident. More treatments, more shoving, more pain—but progress.

Then the spine must be massaged with the negative pole. Finally, the poor cripple can extend and then draw back his or her leg by a mere effort of the will. Even now the motion is quite limited, the patella is not freely movable, and the portions of the calcareous mass so broken up are miserably, painfully stuck between, behind and underneath the joints.

"Can't this process be hurried along any?"

"The patient is lucky as it is."

"Yes, but it's *hard* luck? Will it cure?"

"May be!"

It is now in order to show you—bored as you may already be—that we *can* go faster with these cases. Yes, *very much faster.*

It so happened that the writer had already become somewhat absorbed in the participation of carrying out his idea of using electricity as it came from the earth. He had already treated many anæmic cases by means of what he was pleased to call a negative earth breeze. Had this current from the earth not been negative the patient would indeed have fainted in every instance at the first, as only those cases already found to be intolerant of the positive current were treated in this way. To go further into this now would be to deviate widely from the subject at hand. Suffice it to say that in every instance where currents have been employed as either positive or negative the earth seems not to have failed us.

So it comes to the cases of arthritis deformans (chronic). Now, if the old earth were good for anything, it ought certainly to prove its forces by properly breaking up such chemical solutions as would ordinarily be split up by direct, normal, everyday electricity. Accordingly, the first victim of a kataphoresis treatment was a goitre patient. The potassium iodide solution, a colorless liquid, was applied on a cloth over the side of the neck from which the iodine had hitherto been driven in by galvanism. The static machine, with poles wide apart, was grounded at the negative side, while the positive side was attacked at the end of an insulated wire by a brass handle held in the patient's hand. A regular metal pointer set in its stand upon an insulated platform was then connected with the earth by an entirely different course from the static. This pointer was directed *toward* the *potassium iodide* solution on the patient's neck, about *eighteen inches away.* The machine was

started up and the earth negative breeze set to going in this way. The *iodine* after a few minutes showed deep yellow *on the opposite side of the neck* from that upon which it had been placed in solution. If it had been a continuous current from patient to earth there would have been no excuse for the breaking up of the solution. But further interesting phenomena along these lines belong elsewhere. And, remember, every anæmic patient subjected to what we may presume to be an earth positive breeze became at once faint and nauseated. Moreover, the potassium salt of the goitre application remained dry and crystallized upon the cloth.

With these encouraging features of this rather unique mode of treatment already justifying the course, the writer decided to submit a stiff arthritic knee to the above method of kataphoretic treatment. Consequently, in place of the K. I. used in the goitre case, a strong solution of the usual table salt and water was soaked upon a cloth over the affected knee. The earth negative breeze was directed against the knee.

The desired results were very rapidly produced, one such treatment being equivalent to a half dozen of the usual method. But if this went well, why not put the solution within the joint, at least *next* to the bony processes, into the subcutaneous and submuscular masses? The effect was carefully reasoned out and the chances weighed. The patient was willing to undergo the risk, and consequently it was tried. It succeeded. The very first experiment was made at a patient's house, and so highly satisfactory was the test, even under the galvanic current, that the writer resolved immediately to pursue it with the static. And always it has proven to be an astonishing, perhaps wonderful, success.

This brings us into two new fields:

(1) Injection kataphoresis, and

(2) Kataphoresis by means of the static, preferably earth breeze.

Both, of course, being often combined to comprise a single treatment. For what is more simple than to inject the arthritic joint, and then subject this injected area to the proper breeze, just as we have already witnessed in the instance of laying the cloth with its solution *upon* the joint, toward which we directed the breeze?

By means of this combination treatment of (1) and (2) the writer has seen and shown to others the loosening of a perfectly stiff and adherent patella immediately after the treatment. A

patella that was imbedded only in a hopeless, solid mass such as we have all seen and pronounced incurable. A patella, however, which was found to move freely enough after just five minutes of the above treatment.

Let us look at such a case.

(To be continued.)

CLINICAL LECTURE ON CANCER OF THE STOMACH.

By George F. Laidlaw, M. D., Professor of Medicine.

Delivered at the Flower Hospital on January 7, 1911.

Cancer of the stomach is a frequent condition. You will meet it often in practice. Sometimes you will recognize it and sometimes you will not. Cancer of the stomach appears in various forms. It may be a man of your acquaintance, fifty years of age or older, whose friends notice that he is gradually growing more feeble and of yellowish color. Finally he goes to bed, makes very little complaint, but grows weaker and dies. The autopsy will show advanced cancer of the stomach, which neither you nor anyone else suspected during life. That is one kind of cancer of the stomach.

Another patient will send for you hurriedly for sudden vomiting of blood, and you will find on inquiring that he has not been feeling well for several months, losing flesh and perhaps having considerable gastric pain. And this may be cancer of the stomach.

Another patient over fifty years of age will complain of pain either after eating or spontaneously, beginning with occasional attacks growing more frequent and severe. Sooner or later he has attacks of vomiting, which may or may not be bloody, and on examination you may find a distinct tumor that you can associate with the stomach. And this, too, is cancer of the stomach.

In another case, you will be examining a case of severe dyspepsia and find marked tumor in the epigastrium that you can associate with the stomach.

At other times, a patient will be sent to you, as was this patient lying before you, with a provisional diagnosis of cancer of the stomach, and you will be asked to endorse or disprove the diagnosis.

Cancer of the stomach will thus imitate many other diseases. It

will imitate gastric ulcer and chronic gastritis and nervous dyspepsia, or it may have no stomach symptoms at all. You must know how to distinguish cancer of the stomach from these various diseases which it resembles.

If cancer of the stomach were an absolutely hopeless condition, there would not be much use in recognizing it. On the other hand, if cancer of the stomach is a curable condition, it is important to recognize it sufficiently early to give the patient what chance he has of cure. And this is the case. Cancer of the stomach as cancer elsewhere is sometimes curable by early excision. Mark that, I say *early* excision. Cancer here as everywhere else, once fully established, is hopeless. In the early stage cancer of the stomach may be curable by operation. It is true that the patient may refuse operation, and may prefer to die without surgical assistance, but it is your duty to recognize the case early enough to give him an opportunity for surgical relief if he so decides.

Among the various symptoms upon which we depend for recognizing cancer of the stomach, tumor holds first place. It is always unsafe to make a positive diagnosis of cancer of the stomach unless tumor associated with the stomach can be recognized.

Next in importance to tumor ranks bloody vomiting in a patient over forty-five years of age. Next ranks pain in the stomach radiating in various directions.

Even though blood oozes into the stomach, it may not be vomited, but pass with the stools. The quantity may be too small for recognition by the naked eye, but is detected by chemical tests in the laboratory, which should never be neglected in a case of suspected gastric cancer.

The combination of tumor, bloody vomiting and pain is quite positive of cancer of the stomach with this exception. Sometimes a gastric ulcer will be surrounded by inflammatory adhesions and induration so as to make a palpable tumor. Such a case might present tumor, pain and bloody vomiting, and yet be ulcer instead of cancer. However, such cases of ulcer are rare.

Next in importance to pain ranks cachexia. I place cachexia last because it is one of the later devlopments in cancer of the stomach, and because the loss of flesh and strength attendant on many chronic digestive diseases is easily mistaken for cachexia. True cancer cachexia in addition to loss of weight and strength has a peculiar

yellowness of the skin, which the eye soon comes to recognize. You distinguish it from jaundice by the fact that the white of the eye remains white, whereas in jaundice it is yellow. After some years of observation you will easily distinguish the color of cachexia from jaundice.

Until fifteen years ago, we depended on the symptoms of tumor, bloody vomiting and pain for diagnosing cancer of the stomach. This did not do our patients much good because tumor, bloody vomiting and pain were often late symptoms, too late to offer opportunity for surgical relief. The free use of the stomach tube brought a precision to stomach diagnosis which before that was unknown. As early as 1879 Van de Velde noted that the gastric juice of cases of cancer of the stomach was deficient in hydrochloric acid.

After many years of dispute and denial this view has been accepted, and it has proved of great value in the early diagnosis of cancer of the stomach, and also in the differentiation of cancer of the stomach from ulcer. The gastric juice in cancer is deficient in hydrochloric acid and abundant in lactic acid. The gastric juice of ulcer is rich in hydrochloric acid and has no lactic acid. Both conditions have pain and bloody vomiting.

Concerning the diagnosis of cancer by examining the gastric juice, a common error is made by the physician who sends to the laboratory for examination material vomited at any time during the twenty-four hours or stomach contents removed at any time during the twenty-four hours. Remember that the stomach is not secreting gastric juice all the time. The stomach secretes gastric juice only in response to the irritation of food. Between times the stomach may contain more or less watery mucus in which one would not expect to find any hydrochloric acid or digestive ferments. Yet this mucus is often washed out of a fasting stomach by the eager physician and sent to the laboratory for examination. Unless there is pyloric obstruction or dilatation of the stomach from other cause with retention of food in the stomach, such a specimen is worthless and in any case it is worthless as a test of the ability of the stomach to secrete hydrochloric acid. To obtain a proper specimen of gastric juice, a known amount and quality of food must be put into the stomach to excite the secretion of gastric juice. This is usually done by the well known Ewald breakfast of a roll and a glass of water, and the stomach contents is recovered in exactly sixty minutes from the time of beginning the meal.

In the gastric mucus of a case of cancer of the stomach there are often found many large bacilli. If you dry the mucus on a slide and stain it with the Gram solution of iodin and iodid of potash, these bacilli stain brown, whereas the large bacillus from the mouth stains blue. These brown bacilli are the Boas-Oppler bacilli that are often found associated with cancer. They rank with absence of hydrochloric acid as a sign of gastric cancer.

A CASE OF POISONING BY GASOLINE.

By Albert Groves Hulett, 1912.

A case of this sort, I believe, is somewhat of a curiosity, being of rare occurrence; but is one which demands careful treatment. In this age of automobiles you may run upon a case at some unexpected time, so the following report may interest some of the CHIRONIAN readers.

On November 19 Mrs. F., aet 42, in good health, was washing some furs in a quart basin of gasoline in the bathroom of her home. All at once she felt herself losing consciousness and broke out into a cold sweat. She managed to crawl into an adjoining room and fell over on the bed unconscious.

When I arrived, fifteen minutes later, she was in a state of semi-consciousness. Her hands and feet were icy cold and her whole body bathed in a cold, clammy perspiration. Signs of moderate cyanosis and dyspnœa were present and the heart's action was weak.

I gave her plenty of fresh air and administered 1/60 gr. of strychnine sulph. In ten minutes she was able to talk and complained of—

A dizzy, confused sensation in the head; a bad taste in her mouth; much saliva; hoarseness, with raw feeling in the chest; nausea, with sense of tension and bloatedness in abdomen.

She felt very weak and "gone" and experienced vertigo on attempting to walk.

Nnx vomica and cocculus are the antidotes to petroleum, and I chose nux v., giving 1x every half hour.

She improved so much that the following afternoon she essayed a carriage drive. While riding she was seized with violent nausea and vomiting, and I was again sent for.

At this time she presented an excellent "proving" of petroleum, thus:

Pressure and heaviness in the occiput; excessive nausea and qualmishness, with much water in the mouth; violent vomiting; "faint feeling" at the stomach; hoarseness and oppression of chest; wants to wrap up, is averse to cold air.

All these symptoms were aroused by riding in a carriage.

I prescribed cocculus (the other remedy to consider), as it appeared to be fully indicated. I ordered the 7x every hour, and have continued the same to date, November 22, cautioning her to remain quiet, and she is recovering.

PREFACE TO A CONCORDANCE OF THE ORGANON OF THE ART OF HEALING

By Reginald Barclay Leach, M. D., Paris, Texas.

A Concordance may be defined as a work so constructed as to facilitate reference to some other work, or as a dictionary wherein all of the words used in the book concordanced are referred to alphabetically, and the various places where they occur are referred to, to assist in locating certain thoughts and comparing the several significations of the same word.

According to Cruden, and several other authorities on the subject, a Concordance of the Bible was published *first* by Hugo de S. Charo, in 1244 A. D. This was in Latin. In 1448 Rabbi Mordecai Nathan published a Hebrew Concordance in imitation of Cardinal Hugo's. After printing was invented, this Concordance was printed several times; at Venice, by Daniel Bomberg, in 1523; at Basil, by Frobinius, in 1581, and at Rome, in 1621.

Concordances of the Bible have been published in various modern languages; in French, by Gravelin; in High-dutch and in Low-dutch by several. In English we have had many; by Marbeck, in 1550; then by Cotton; afterwards by Newman; and, lastly, one published under the title of The Cambridge Concordance.

In 1555, after he had divided the chapters of the Bible into verses (the verses at the time being numbered), Robert Stevens, an Englishman, published his Concordance wherein, for the first time, the chapters and verses were distinguished.

Other Concordances, such as those of the works of Shakespeare, of Milton and of Tennyson, are now in common use. This one, "A Concordance of the Organon," is, so far as known to the author, the fifth *complete* Concordance in history, and the only one ever made of Hahnemann's greatest elucidation of that *law* which governs, or should govern, every prescription of the Homœopathist against dynamic disturbances in the sick and his prophylactic prescriptions against preventable epidemic maladies.

When it is realized that Shakespeare's phenomenal vocabulary comprises about 15,000 words, that of Carlyle about 8,000 words, of Daniel Webster about 4,000 words, while the usual vocabulary of even "the better educated" comprises less than 500 words, the student of Similia will pridefully appreciate the fact, first discovered in this Concordance, that Hahnemann, within the very limited scope of the 121 pages of the Organon (proper), makes use of 3,164 different and distinct words.

Builded along similar lines with Cruden's Concordance, this one differs with his materially in several places.

For instance, his Concordance, intended for use by the slightly as well as the better educated, is filled with definitions of the words therein amplified. This one, intended only for the student of advanced research, omits such presumably superfluous lines.

Again, Cruden gives such connectives as "it," "is," "by," "as," "be," "in" and "so," which appear in the Bible all told but 189 times. These same words, combined with the ten others omitted from this work (such as "a," "an," "and," "the," "if," "to," "of," "on," "at" and "or"), if amplified in a Concordance of the Organon, would require 9,337 extra, different and superfluous lines.

Again, Cruden, while reproducing each word, and its abbreviation and environment, every time same appears in the Bible (with the exceptions mentioned), gives the *chapter* and *verse* numbers. This Concordance, while reproducing each word, and its abbreviation and its environment, every time same appears in the Organon (with the exceptions mentioned), gives the *paragraph* and *line* numbers.

Aware that, within at least six States of the American Union, there are, today, more Homœopathists who are members of the national Allopathic Association than there are of the same class in the same States who belong to the American Institute of Homœo-

pathy; realizing the dangers imminently threatening the very life of Homœopathy, particularly in America, through the present time insidious propaganda of the greatest and most baneful octopus in medical history, "The American Medical Association," and its *apparently* liberal appeal for conferrumination of sectarians, who can never more perfectly combine than can oil and water; realizing, from more than a quarter of a century of active general application of our *law* at the bedside of the dynamically disturbed, the inestimable beneficence same has been, is, and ever will be to suffering humanity, and that no other alleged method of cure ever has done or ever can do as much for our patients, the author, with a sincere desire to arouse renewed interest in the principle of Similia and a design to promote the study, and to facilitate comprehension, of the Organon, now fraternally and friendshiply offers this "helping-hand."

BOOK REVIEWS.

PRIMER OF HYGIENE. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, and Joseph S. Caldwell, Professor of Biology, George Peabody College for Teachers, Tennessee. Pp. 184.

PRINCIPLES OF PUBLIC HEALTH, A SIMPLE TEXT-BOOK ON HYGIENE, PRESENTING THE PRINCIPLES FUNDAMENTAL TO THE CONSERVATION OF INDIVIDUAL AND COMMUNITY HEALTH. By Thos. D. Tuttle, B. S., M. D., Secretary and Executive Officer of the State Board of Health of Montana. Pp. 186.

These two little books cover practically the same ground and are most excellent. They are primarily for school children, and contain much valuable information and good advice. Both are published by the World Book Company, of Yonkers, New York.

EDITORIAL

COMMENCEMENT 1911.

Commencement this year occurs on the evening of Wednesday, May 31. Alumni Day is Thursday, June 1.

On Alumni Day clinics will be held and luncheon served at the college. After luncheon the Alumni Association will hold its business meeting. In the evening the Alumni Banquet will take place at the Hotel Astor.

Dr. William Lathrop Love, '94, of Brooklyn, has been chosen toastmaster. Dr. Love has secured the following speakers: Dr. George W. McDowell, '86, President of the Alumni Association; Hon. Melbert B. Cary, President of the Board of Trustees; Dr. Royal S. Copeland, Dean; Supreme Court Justice Frederick E. Crane, of Brooklyn; Former Congressman Cornelius Pugsley, Ex-President General of the Sons of the American Revolution; Rev. J. F. Carson, D. D., of the Central Presbyterian Church, of Brooklyn, and Comptroller William A. Prendergast, of New York City. A feature of the banquet will be music under the charge of F. E. W. Hopke, '99.

This early notice of the closing exercises of the college year is given that every alumnus, wherever he may be, shall have time so to arrange his work as to leave home and be with his Alma Mater. The Classes of 1861, 1866, 1871, 1876, 1881, 1886, 1891, 1896, 1901, 1906 and 1911 will have special celebrations of their own during commencement week.

THE EIGHTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

Once more the Institute membership and friends of Homœopathy are notified that the Eighth Quinquennial International Homœopathic Congress is to be held in London during the week of July 17-22, inclusive. This date has been decided upon because it has been found convenient for our continental and British colleagues; it will be convenient also for the members of the Institute who wish to do their duty by that organization and attend its meeting at Narragansett Pier and have time enough intervening to reach London.

The Institute will meet during the week of June 25th to July 1st. This will leave a period of sixteen days before the Congress opens. No plea here will be made on behalf of the Institute, for this is a matter quite by itself. But a most earnest plea is hereby made on behalf of the International Congress. Its international character should be emphasized and this can be done only by the wide and hearty co-operation of homœopathic physicians in all parts of the world. In proportion to their numbers the homœopathic physicians of the United States in attendance should far outnumber physicians from other countries. Therefore, for the credit of Homœopathy, for the reputation of the Institute, a large American delegation should plan to attend the Congress.

It is impossible at this time to present even an outline of the program, but the subjects to be discussed are those which pertain particularly to

I. The Principles, Philosophy and Practice of Homœopathy;

II. To Drug Pathogenesy;

III. To Homœopathic Therapeutics;

IV. To the Status of Homœpathy throughout the world and to Homœopathic Propagandism;

V. The scope of the Congress is not to be narrowed in any way, and essays will be welcomed on the practical aspects of subjects of general interest, like Radium, X-Ray, vaccines and sera, as well as from all Specialties in the Art of Healing. The Congress will be divided into sections as was the case at the meeting in Atlantic City, in 1906, with a president for each section.

It has been decided that papers dealing with subjects of general interest should not exceed twenty minutes in delivery, and that papers dealing with the Specialties are not to exceed fifteen minutes. In the discussions the length of speeches is to be left to the Chairman and the sense of the Meeting. It is expected that essays shall be typewritten, and that copies shall be in the hands of the Permanent Secretary, Dr. John H. Clarke, 8 Bolton Street, Piccadilly, W., London, not later than May 31, 1911.

Details concerning the meeting itself will be furnished as soon as plans are formulated by the committees now arranging for the Congress. A matter of great practical importance which must be considered at an early date by those who expect to attend the Congress is that of transit. How shall we on this side of the Atlantic get

over to London? It is too well known to need comment that already Americans who are planning to spend part of the summer in Europe are engaging their staterooms and negotiating for their tickets, for steamsship accommodations are decidedly limited, and in order to get any accommodations reservations must be made early. The Institute's committee on the Congress has been investigating this matter, and is able to report that there are several steamers booked for sailing between the first and the sixth of July. Since comparatively few Americans would care to take so long a trip merely for the sake of attending the Congress, those who do go are likely to make the Congress simply a part of their summer vacation. For the benefit of those who may desire to see something of Great Britain and the continent and to do so in a relatively inexpensive manner, the Institute's Committee has secured itineraries which embrace a few days in either Ireland or Scotland prior to the Congress, and trips of varying extent and duration on the continent after the meeting. These trips are under the direction of Thomas Cook and Son, and full details concerning them can be obtained on applying to any member of the Institute's Committee.

Other and very attractive tours have been arranged for by the Raymond and Whitcomb Company. Circulars concerning these tours, occupying from thirty-four to fifty-seven days and ranging from $340 to $580, everything included, have been prepared and distributed by the Raymond and Whitcomb Company, and already are in the hands of the Institute members. Considering the very pleasant and enjoyable experiences the Institute members had last summer during their trip to the Pacific Coast, it has been deemed wise to give the stamp of approval to the itineraries just referred to. With a little thought in advance sufficient co-operation may be secured to form congenial groups of ten or twenty or more who, under guides, can spend their time pleasantly, restfully and profitably and to the best advantage in every way.

It will be possible to sail from New York on Saturday, July 1st; from Boston on Monday, July 3d; or from Montreal on Thursday, July 6th. Those who wish to go comfortably and inexpensively can secure passage on the Canadian Pacific steamship "Lake Champlain," which is to sail from Montreal on July 6th. This steamer furnishes one class accommodations at the low rate of about $50. The return trip may be arranged for on the "Empress of Ireland," leaving Liverpool on August 11th, at about $80 to

$100. Return passages on other lines and at other dates can be secured, but the making of plans must not be too long delayed. For a trip combining complete relaxation, comfort and real rest, we can recommend the thoroughly enjoyable, picturesque sail down the majestic and beautiful St. Lawrence from Montreal, by the fortressed heights of Old Quebec, with its old-world Frontenac and Dufferin Terrace; through the Gulf of St. Lawrence, via the Straits of Belle Isle or by the southern coast of Newfoundland, with only four days intervening to the north coast of Ireland, by the Isle of Man up the famous Mersey to Liverpool. Without exaggeration this may be called an ideal trip for tired people.

In order to facilitate the making of necessary arrangements, we urge all those who plan to attend the Congress independently, or who wish to join any of the parties which may be formed for any of the tours, to signify their intentions at the earliest possible date. Members of the committee will gladly give any information they possess and render any assistance in their power to those who desire to attend the Congress and at the same time derive the pleasures and benefits to be obtained from a trip abroad.

J. P. SUTHERLAND, M. D., *Chairman,*
295 Commonwealth Ave., Boston.
HILLS COLE, M. D.,
1748 Broadway, New York City.
A. E. AUSTIN, M. D.,
8 East 58th St., New York City.
G. W. ROBERTS, M. D.,
170 West 59th St., New York City,
JAMES C. WOOD, M. D.,
818 Rose Bldg., Cleveland, O.,
Committee.

WORK AT THE FLOWER HOSPITAL FOR THE MONTH OF JANUARY, 1911

Number of ambulance calls	564
Number of patients treated in the emergency room	232
Number of surgical cases admitted to hospital	165
Number of medical cases admitted to hospital	90
Number of maternity cases admitted to hospital	11
Number of cases treated at the out-door department	2,738

The greatest number of patients in the hospital in any one day was 127.

CLASS OF 1886!

This commencement marks your twenty-fifth anniversary in medicine. The CHIRONIAN has received several requests from different members to say that a special celebration is in order. Commencement occurs May 31, the Alumni Banquet, June 1. Communicate with Dr. George W. McDowell, 40 East 41st, New York City.

MRS. TAYLOR'S GIFT.

Mrs. Emma Flower Taylor, daughter of the late Governor Flower, in December, gave five hundred dollars through her physician, Dr. Danforth, for the better equipment of the obstetric delivery room of the hospital. The money has been expended under the personal supervision of Dr. Danforth.

ERNEST LEITZ, PH. D.

Mr. Ernest Leitz, manufacturer of microscopes and accessories for over fifty years, has recently had conferred upon him the honorary degree, Doctor of Philosophy, by the University of Marburg, in consideration of his scientific attainments.

JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

The *Homœopathic Eye, Ear and Throat Journal* changes its name with the beginning of this year to the *Journal of Ophthalmology, Otology and Laryngology,* a merger of two journals, which have each had sixteen volumes.

CORRESPONDENCE.

A CLIPPING FROM FLORIDA.

Editor CHIRONIAN:

The following clipping sent to Dr. Terry by his friend, Dr. H. F. Biggar, of Cleveland, Ohio, Mr. John D. Rockefeller's physician, may be of interest to many readers in and out of the profession.

A discovery which, it is expected, will develop into one of the greatest boons to mankind in the gift of the medical profession has

but recently come to light and has been put in use by a few Cleveland physicians.

Diseases which ravage the human body on account of the depleted condition of the body tissues can be successfully cured by its use, according to experiments conducted by French and English physicians of eminence, said Dr. H. F. Biggar, Jr., yesterday, in discussing the subject.

Isotonic plasma, as the new discovery is called by the discoverer, M. Quinton, is a composition of sea water and bacteriologically pure spring water, two parts of sea water to five parts of spring water being united. To insure its purity the sea water is secured at a depth of ten meters and not less than ten miles from shore. The treatment consists in the injection of the solution in the parts of the body which will most readily absorb it.

M. Quinton, who made the discovery, is not a medical man, but has attained distinction as a doctor of science, a biologist, chemist and anthropologist. The *Homœopathic World* states that the doctor arrived at the conclusions which led to his discovery from the two facts, that geology and paleontology have proved that all animal life had its origin in the ocean, and that analysis of the blood serum and ash of all classes of zoological life shows the mineral constitution of the living cells exactly corresponds with that of sea water, except that there is a preponderance of salts in the latter.

He then reasoned that the direct introduction into the body of the fluid from which life first sprang would materially benefit tissues not supplied with the elements which give strength.

Animal tissues are said to contain only fourteen elements as compared with thirty-two in sea water, but M. Quinton claims to have found twenty-nine elements in the animal tissues, and states that he has no doubt the other three elements are present, although in such minute quantities that they cannot be analyzed.

Sea water has been found to contain elements not to be secured in ordinary salt water, and in many cases the new solution appears to contain properties which will secure the balance necessary to give the tissues health. Children's diseases in their most alarming stages have been treated, and in some instances the new discovery has brought about a cure where the use of radium has failed.

In Cleveland the few cases where the isotonic plasma has been used have not afforded opportunity for definite conclusions, but improvements has been noted in all of them.

Dr. Terry said, taking up the contents of the clipping seriatim, let us see how new it is:

Many years ago in cases of collapse, hæmorrhage, shock, and in some cases following surgical procedures, intravenous injection of defibrinated blood was used to meet the emergency, or bridge over the condition often ending fatally. For several years, however, a saline solution has been used in the proportion of a drachm of salt to a quart of water. This has not only been a safe fluid to take the place of blood, but has done away largely with transfusion from person to person, which always involved many difficulties. It has not been explained wherein comes the potential energy obtained by the solution of salt in sterilized water. Certainly a molecular activity seems to be set in motion of unusual power and as mysterious as radium. But does ocean water contain isomeric or physical characteristics differing with the solution prepared? In Thorp's applied chemistry we find the following given as the analysis of the Atlantic Ocean water:

Sodium (Na)	11.081
Chlorin (Cl)	19.460
Magnesium (Mg)	0.9568
Calcium (Ca)	0.4556
Potassium (K)	0.7604
Sulphuric acid (SO_4)	2.577
Bromin (Br)	0.4060
Fixed residue	35.700

Each ingredient has valuable qualities, and as the originator of the universe made the combination we are led to believe that the observations are based on a good foundation for the benefit of mankind. Not only are the ingredients taken separately of great value but the mysterious force generated by them as associated.

Some time ago an article appeared wherein the computation was made as to the amount of gold in the oceans of the world. It was enormous, although the amount estimated in a mile square and fifty feet in depth was not large, it does not require great scientific knowledge to understand that the ingredients of the ocean named with such a deep acting remedy as gold when taken in infinitesimal quantities as mixed with the ocean must contain an active force of no mean power generated by the association of the elements under

agitation by the mighty vibrations and wave currents always in motion.

If it were to be asked what diseases are most likely to be benefitted the reply would embrace a very large number of diverted physiological processes, as well as the more advanced functional disturbances. To this might be added a large number of bacterial diseases, for in the combination we have chlorin and bromin, two of the most powerful antiseptic remedies in existence. How much greater will be their antiseptic value outside of their chemical make-up in their association with other ocean elements with the potential energy generated, experiment only will solve.

When we consider that a glass of Congress water contains about thirty-five grains of salt and that it is used as a liver agitator and to excite intestinal peristalsis, it will require but little judgment to so dilute ocean water as to obtain the results desired in given cases. I am quite sure if a clock-like system of physiological regularity be put in motion by proper diet, and dilute ocean water may be used instead of the enervating pill cathartics, not only will good health develop in the form of increased vital activities, but many obscured glandular and skin diseases will also disappear, fading away as unconsciously as the dew in the morning.

M. O. Terry, M. D.

A Request.

To the Editor of the Chironian:

The writer would like to ask any of his friends, confreres and brothers in medicine, who are interested in the method of curing sepsis he describes in the November issue of the Chironian, to unite with him in extending the sphere of usefulness of this method of curing infectious diseases, with special reference to puerperal sepsis, gonorrhœa, tetanus and rabies, or any other disease they may feel disposed to treat by giving the products of the disease by the mouth. The writer will gladly have the opsonic index determinations, blood count and cultures grown of suitable cases, the more chronic they are the better. A great many cures from a great many different sources would go far towards establishing this method of treating disease.

I will be pleased to hear of any cases treated in this manner, and due credit will be given in the report made of them.

Very sincerely,

CHARLES H. DUNCAN, M. D.

ALUMNI NOTES.

Dr. John B. Palmer removed from 21 East 24th street to 253 West 103d street, half block west of Broadway Subway, on January 15, 1911. Office hours, 9 to 1. Telephone, 1888 Riverside.

Doctor Dawley wishes to announce that he will be away from his practice for some months. During his absence Doctor Jameson will have charge of the practice. Doctor Jameson can be consulted at 1228 Castleton avenue. 'Phone, 815-W West Brighton, Staten Island.

Prof. Laidlaw read a paper before the Rhode Island Homœopathic Medical Society, January 13, 1911. Dr. A. H. Wood, '89, is the president of the society.

Dr. R. A. Benson read a paper before the Albany Homœopathic Medical Society in December.

The editorial by J. P. Rand, '83, printed in the *North American Journal of Homœopathy* for December, 1910, has been reprinted in the *Eclectic Medical Journal* of February.

SOCIETIES.

NEW ENGLAND AUXILIARY OF THE ALUMNI ASSOCIATION.

One of the best and most enthusiastic meetings in the history of the auxiliary was held at Hotel Warren, in Worcester, on the evening of January 27th.

In spite of very inclement weather nearly every alumnus residing in central and western Massachusetts was present at the meeting. The roster of those present included Doctors Warren, Allen, Rand, Crisand, Jones, Croissant and Barton, of Worcester; Dr. Latimer, of Brookfield; Dr. Forbes, of Athol; Dr. Henry, of Springfield; Dr. Bixby, of Barre; Dr. Capen, of Upton; Dr. Sawyer, of Boston, and Dr. Wilkins, of Newtonville.

In addition, an especially pleasant feature of the meeting was the presence of the Dean, Dr. Copeland, and Doctors Minton, Ball and Hitchcock, of the college faculty, as guests.

After a social hour of greeting and hand-shaking the meeting was called to order by the president, and the following officers were elected: President, Dr. T. Morris Strong, of Boston; Secretary and Treasurer, Dr. N. H. Houghton, of Boston.

An excellent dinner was properly discussed, and after cigars were lighted the president, in well chosen words, presented the dean, who gave a most interesting and encouraging report of the progress of affairs at the college. All were greatly pleased to hear the large enrollment of students and of the increasing hospital and laboratory equipment.

The statement that every man on the faculty is expected to emphasize the superiority of homœopathic treatment in his lectures to the students was greeted with applause.

Doctors Minton, Ball and Hitchcock followed, each giving some clear outline of the more efficient training that is being afforded by the college.

The meeting then resolved itself into an old time "class meeting," and nearly every alumnus present gave expression to his loyalty to the college and to his enthusiastic approval of the work being done for the advancement of medical training by his Alma Mater.

A vote was passed expressing the sympathy of the auxiliary for our former president, Dr. Henry E. Spalding, who is ill at his home in Hingham, with the hope for his speedy recovery.

The auxiliary feels deeply grateful to the dean and the members of the faculty who at personal sacrifice so kindly gave their aid to make this meeting a great success.

G. H. Wilkins, *Sec'y.*

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-seventh annual session of the Southern Homœopathic Medical Association held in Windsor Hotel, Jacksonville, Florida, December 6, 7, 8, was one of the most successful in its history. Over forty members were present. Among those from distant territory were the following: Dr. Gaius J. Jones, President of the American Institute of Homœopathy; Dr. H. R. Arndt, Field Secretary of the Institute; Dr. W. E. Nichols, First Vice-President of the Institute, from Pasadena, California; Dr. H. E. Spalding, of Boston, Massachusetts; Dr. R. F. Rabe and Dr. John E. Wilson, of New York

City; Dr. W. A. Dewey, of Ann Arbor, Michigan; Dr. Geo. W. MacKenzie, of Philadelphia; Dr. Lewis P. Crutcher, of Kansas City; Dr. W. E. Reily, of Fulton, Missouri.

President Boies delivered an address eloquent with good feeling and appeal for a more thorough organization and hearty co-operation in the South. It goes without saying that Secretary Dr. John T. Crebbin was a very busy man. Twenty-one new members were elected.

The following officers were elected for the ensuing year: President, Dr. J. T. Crebbin, New Orleans, La.; First Vice-President, Dr. R. A. Hicks, Fort Smith, Ark.; Second Vice-President, Dr. F. A. Reed, Eustis, Fla.; Treasurer, Dr. H. W. Johnson, Knoxville, Tenn.; Secretary, Dr. Lee Norman, Louisville, Ky.

The social features were a luncheon at Windsor Hotel, given by the Committee of Arrangements. On the evening of December the eighth a reception was tendered the members at the residence of Dr. H. R. Stout, where a most cordial greeting awaited them.

The next meeting of the Association will be held in St. Louis, October 18, 19, 20, 1911.

LEE NORMAN, *Sec'y*,
Louisville, Ky.

OBITUARY.

William H. Krause, M. D. '73

Dr. William H. Krause, '73, died at his home, 71 East 86th street, New York City, on Jainuary 7, 1911. Dr. Krause was born in Muenster, Germany, June 10, 1841. Dr. Krause studied medicine before coming to this country. He served as surgeon in the Prussian and Austrian armies. He came to this country in 1868, and graduated from the New York Homœopathic Medical College in 1873. Beside his medical affiliations, Dr. Krause took an interest in politics, and was a member of Tammany Hall. His widow and a daughter, wife of Dr. L. W. Harnish, '08, survive him. Dr. Krause was at one time physician to the Bond Street Dispensary and to the Hahnemann Hospital. He was a member of the American Institute of Homœopathy and of the State and county societies.

Percy William Shedd, M. D., '04

News of the sudden death of Dr. Shedd, January 10, 1911, at Newark, N. J., came as a shock to his friends and the profession.

Percy William Shedd was born in Washigton, D. C., August 11, 1870, his parents being Dr. Oliver M. Shedd and Elizabeth Crandell Shedd. Educated at Riverview Military Academy, Poughkeepsie, N. Y., Dr. Shedd developed into a studious and ambitious scholar, and graduated in 1888 with highest honor in his class. He was subsequently appointed instructor in his Alma Mater, but soon resigned and entered Rensselaer Polytechnic Institute in 1893, where he was regarded as an exceptionally gifted student. He became interested in philology, and took examinations for a special course in languages at Harvard College. Later on he became a teacher in New York Public School, No. 62, and subsequtntly vice-principal of No. 126. While thus engaged, he wrote a book of poetry, "The Oceanides," which contains translations of German, French, Spanish, Portuguese, Italian, Russian, Dutch, Danish, Norwegian and Swedish poetry, showing the author to be a scholar of remarkable erudition.

While engaged in teaching Dr. Shedd determined to study medicine, and entering the New York Homœopathic Medical College in 1900 graduated in 1904 with high honors. During his college career he officiated as editor of the CHIRONIAN in 1903 and 1904, and contributed many articles on materia medica.

During this period Dr. Shedd had already noted some abnormality in health, and an examination of the urine showed chronic interstitial nephritis. This insidious lesion acted as a clog to all his efforts and eventually proved his Nemesis. With coincident cardiac changes, which did not respond to usual remedies, palliative drugs were resorted to, especially when attacks of "renal asthma" supervened. The blood pressure during the year 1910 varied from 210-230 c. m., indicating an advanced general arterio-fibrosis.

During his short career Dr. Shedd became noted for his researches in bacteriology. He isolated pure strains of various micrococci of which he produced homœopathic attenuations, and endeavored to secure data for provings. He also claimed to have followed the life cycle of the tubercle bacilli until this pathogenic bacillus became changed in various culture media to a saphrophitic

germ, and promised further studies along the line in order to secure some therapeutic agent for tubercular infections. He compiled a "Clinical Repertory," which, owing to its excellence and brevity, was translated into Spanish. Ribot's "Diseases of the Personality" was translated by him, and homœopathic annotations were added to this interesting work. Shedd's "Ode to Hahnemann," read at the banquet at the Hotel Astor, at the 150th anniversary of the birth of Hahnemann, showed a mastery of English verse and appeared in the *North American Journal of Homœopathy,* January, 1906.

Dr. Shedd became an assistant editor to the *North American Journal of Homœopathy,* and subsequently contributed medical excerpts to the *Hahnemannian Monthly,* of Philadelphia. Owing to his physical disabilities he devoted his time almost excluseively to writing and translating for medical journals and translations for publishers. His translation of Greef's "External Diseases of the Eye," published by Rebman Co., is a recent achievement. He leaves manuscripts of translations of Ibsen's Poems, and a new translation of the "Organon," which latter he considered superior to the existing editions.

Dr. Shedd was married in 1892 to Josephine N. Day, of New York City, and besides his widow, leaves a son and daughter.

He was a member of the New York County and State Homœopathic Society until his removal to Lansdowne, Pa., last year, was a member of Alpha Sigma fraternity and its president in 1903, and was founder of the Pungtang Club.

His body was transferred to Poughkeepsie, N. Y., and interred on January 12, 1911, in the Shedd family plot.

For the Committee,

L. R. KAUFMAN, M. D.;
L. F. COCHEU, M. D.;
W. H. DIEFFENBACH, M. D.,
Chairman.

CHRISTMAS, 1910, CELEBRATION AT THE FLOWER HOSPITAL GIVEN BY THE AUXILIARY.

The ladies in charge were the Mrs. Spalding, Southack, Coleman, Deihl, Duffy, Dieffenbach, Tripp, Deady.

Donations in cash, $222.00.

Mrs. Coleman received donations of all the ribbons, tissue paper and stickers.

There were over 560 gifts, reaching every employe, patient in wards, and all the children. Never had the children such a Christmas. Their ward was decorated in yards of holly, bells and red paper, two feet deep, with Santa Claus and his reindeers riding over the housetops, which delighted them. Their tree was over nine feet tall and well loaded—sixteen new kindergarten chairs for their room, a chair for each child to take home, a rocking horse to remain in their ward, bank with new pennies for each bed, and a stocking well filled for each, dolls and blocks, toys of every description; many of these given by friends of the hospital. Some playthings were kept in reserve for children coming in later. To this list some new clothing of aprons, dresses, hats must be added.

Mrs. Vogal sent ten dolls and blocks from Bests.

From Mt. Vernon, Miss Curtice sent for each child stockings well filled with toys.

Mrs. E. C. Urgrich also sent stockings well filled.

Mrs. Fobes gave ten Santa Claus on chimney box for candy. These were very pretty.

Mrs. Guild some nice gifts for the help.

A number of other friends generously contributed for the occasion. Mr. Wood, one of the trustees, gave $50.00 to use as seemed best. There were over 1,350 feet of holly and many bells used in decorating the five wards. Each woman patient received a kimono, the men were given ties and tobacco; all the help, including the nurses and office force, were remembered. Every article was done up in white tissue paper with Santa Claus stickers and tied with ribbon. A Christmas dinner of turkey and all the good things to go with it was served on each tray, and with folded Christmas napkins. Sprays of holly and red berries furnished by Mrs. Louie Southack, 150 bunches in all, were used on these trays.

The nurses were given a dance during the week and a Christmas tree, also the help. The music was furnished by the auxiliary. Every nurse and all the help received a box of candy, given by Mr. Brewster.

There was paid $65.00 for the Christmas dinner, and for all other expenses $127.18, leaving a balance of $29.82, which was turned back into the auxiliary treasury.

MRS. A. L. SPALDING,
Chairman.